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The Canadian Practitioner and Review

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Original Communications

REMINISCENCES OF LISTER AND WAR WORK*

(*Continued from December Issue.*)

By Colonel Albert Corless, C.B.E., M.S. Lond., F.R.C.S.
Consulting Surgeon to King's College Hospital, London, England.

Gentlemen:

In no direction have we learned more than in the treatment of *Fractures*, and one is interested in remembering that it was for compound fractures that Lister first employed his antiseptic methods, dressing them with his famous carbolic putty. Of course, civilian compound fractures differ very greatly from those due to gunshot wounds in that the penetration is as a rule from within, whilst in war the penetrating substance enters from without and breaks the bone by its passage across it. Hence as already explained the injury inflicted on the tissues and the degree of infection produced are much greater in military work than in civilian practice (except when the injury is due to railway smashes or the passage across the limb of a motor vehicle). The rules governing the treatment of compound fractures of military origin must, however, be applied to these civilian lesions. Dead and hopelessly damaged tissues, including loose fragments of bone, must be removed if grave sepsis is to be avoided; the wound must be rendered sterile and suitable splints applied. Probably, it will be wise for a time that the work should be entrusted to those who have gained experience in our military hospitals, and in big centres special fracture wards be instituted. We must not forget that Lister was the first man deliberately to cut down and operate on fractures with any confidence in a successful issue. His determina-

*Address delivered before the Academy of Medicine, Toronto, November 2, 1920.

tion to open a knee joint in order to wire a fractured patella was a manifestation of courage of the highest order, especially when he did so for the first time at King's, surrounded as he was by hostile critics, who came to see so that they might give evidence against him in case the patient died, and get his conviction for manslaughter; this experience he related to me himself. His example as an operator on fractures has been elaborated and extended to a degree that I am sure he would condemn; for his capabilities in the treatment of fractures by mechanical means were of a high order. For fractures of the femur he constantly used the Hodgen splint, and his class demonstrations on fractures and their treatment by appropriate splints were always admirable. His heart would, I am sure, rejoice over the re-assertion during the war of the value of mechanical means for dealing with fractures apart from operation, which was necessitated by the condition of the wounds. I cannot but believe that in the future we shall hear much less of the operative treatment of closed fractures than we have of recent years, but to this end it is essential that hospitals be equipped effectively with suitable splints and extension appliances, and with portable X-ray outfits, and that our students be carefully trained in their use.

In cases where reduction could not be satisfactorily effected or where union not secured, Lister did not hesitate to operate. Under such circumstances he always laid his plans beforehand with a minute exactness which, in the absence of the X-ray examination, was very wonderful, and it was rarely that he was surprised at the conditions he found. Some of the bone operations one remembers seeing were quite remarkable in their skill and success. In ununited fractures with marked over-riding of fragments which could not be reduced by extension, he would fix the fragments in their malposition by introducing ivory pegs, set at an angle to avoid slipping, and trust to the osteogenetic powers of the bone cells thus set free. He gravely doubted the wisdom of freeing extensively the ends of the fragments so as to saw them into shape and fit them together. The vascular disturbance caused by this procedure was, in his opinion, responsible for many cases of ill-success. Possibly in the present day orthopædic surgeons might, with advantage, return to Lister's plan in suitable cases, especially at the upper end of the femur.

Lister, also, did not hesitate to cut down on and attempt the reduction of old cases of unreduced dislocations, and his

results, though not invariably successful, were never grossly harmful.

It was pretty, also, to see him deal with bony deformities of rachitic origin, such as genu valgum and distorted tibia. He always worked out the problem mechanically and knew exactly what degree of angular displacement was present, and it was seldom that a second portion of bone had to be taken away in order to secure a good result.

Another little detail that Lister taught us was that it is quite unnecessary in an aseptic operation to be in too great a hurry to commence movements of a joint which has been opened in order to treat a fracture. For a fractured patella, Lister kept his patient's knee at rest for six weeks. This, to many of us, seemed unnecessarily long, but his results justified his method. In his days, too, there was no massage department, and restoration of function was dependent on the voluntary efforts of the patient combined with careful occasional passive movement by the surgeon. To these details Lister attended himself, and his results are certainly a comment on, and criticism of, the modern practice of handing over all such cases to the care of a masseur or masseuse who can see nothing beyond his or her own method. In our military work at home there can be no question that recovery was often much delayed by undue massage. Years ago I was taught that massage might be harmful rather than beneficial by an interesting case which made a deep impression on my mind. A girl of 16 years knocked off the outer condyle of her right humerus, the line of fracture extending into the elbow joint. She was to gain her living by becoming a violinist, and hence a perfect result was essential. This was effected by operation, the fragment being fixed in perfect alignment by a screw. Massage and movements were commenced early, but to my horror the limb became more and more stiff; and then by a merciful Providence the girl developed scarlet fever and was removed to a fever hospital, where the surgeons ceased from worrying and the masseuse rubbed no more, the result being a perfectly movable joint.

The whole question of the position of the massage department in our hospitals requires consideration, and still more so the position of masseurs outside of hospitals. Few of our medical men know anything about massage and its value and limitations, and it would be well if every student was taught the principles that underlie its usage and had some small experience in its method of application. It has been a pitiful experi-

ence to go into some of the massage departments of our military hospitals at home, and see willing but ignorant women working away energetically at cases for which massage was perfectly useless, and men who were in charge of the department allowing this to continue. One of the most interesting pieces of work that I had to undertake was in connection with the Croydon War Hospital, where my friend, Colonel Deane, supervised a clinic for the treatment of war disabilities of limbs and joints by active gymnastic methods. It was astonishing to see how men improved when once their enthusiasm could be stimulated by being put up in a class with other men and made to compete with them. An ounce of voluntary effort of this type was worth indeed a ton of massage and passive mechanical movement.

Another direction in which real progress has been made during the last five years has been in the *Treatment of Infected Joints,* and no one did better work along this line than my old pupil, Major John Everidge. In August, 1918, I had the privilege of being present at a largely-attended meeting of the Boulogne Medical Society, at which he read a paper on the Mobilization of Infected Joints, showing his method of treatment and demonstrating on patients the results thereof, and it is not too much to say that his work caused a considerable sensation. Later experiences along the same lines have necessitated a complete rewriting of this chapter in surgery.

The basis of this progress lies in the observation that the synovial membrane of joints has a considerable power of resisting infection, much in the same way as other serous membranes such as those lining the peritoneal and pleural cavities. The membrane needs careful, prompt and judicious handling, but granting these things, there is a considerable capacity for repair. Take, for example, a penetrating wound of the knee where one is not quite certain that the joint is involved. The skin is purified, the wound margins excised, and the limb put to rest on a splint. Should it become tense and swollen and evidently filled with fluid, a small incision is at once made and the joint irrigated either by means of a trocar and cannula, or by introducing a small catheter. Sterilized salt solution is employed, and a small quantity of flavine or of a two per cent. solution of formalin in glycerine is left in, and the wound closed without drainage. The limb is placed on a Thomas's splint with just enough extension to keep the bone ends apart, and if all goes well mobilization is commenced in a few days, and

perhaps within a fortnight an almost complete range of movement is possible. Of course, things do not always follow along this happy pathway. The joint may flare up badly and have to be freely opened up, and yet even under these distressing circumstances, if drainage tubes are not inserted, it is sometimes possible to secure a movable joint.

Take another case: some time back I was called down to one of our auxiliary hospitals to see two cases of suppurating knee joints. The story was that the patients had both had fractured femora as the result of gunshot wounds. They had been sent home after the bone had united, but septic sinuses still persisted owing to the presence of necrosis, and the knees were more or less stiff, as unfortunately occurred only too often after such a lesion. The surgeon in charge of the cases had operated a few days previously to remove the sequestra, and having satisfactorily accomplished this, he completed the operations by bending forcibly the knees so as to break down the adhesions which were present. He succeeded in effecting his purpose, although he admitted that he had to use more force than he anticipated. The result of this energetic interference was a bad flare up of the knees. When I saw them a day or two later, they were greatly distended with fluid, extremely painful so that the slightest movement was torture, and the patients had a high temperature and were obviously very ill. The explanation of the condition was simple. The movement of the joint had determined a hæmarthrus, and the existence of septic lesions in the neighborhood had led to infection of the joint contents. I dealt with one of the cases myself, and left the local doctor to treat the other along the same lines. A small incision was made, the synovial cavity was opened, a large quantity of blood clot and pus was washed out, and finally, after injecting some flavine solution the joint was closed. Instructions were given to do the same thing if necessary again, and yet again; the joints were to be moved daily. The result exceeded expectations, as both patients recovered with movable joints. Had drainage been undertaken in these joints by use of tubes, it is probable that both knees would have undergone ankylosis.

Cases such as these suggest to us that great progress has been made, and yet when memory is set to work, one remembers that it was Lister who first taught us to wash out joints. I do not say that he used it for conditions such as these, or under such circumstances as those which I have just related, but he was the pioneer who first opened joints deliberately, and he it

was who employed irrigation of joints for the first time. Cases of chronic synovitis which resist external treatment such as plasters, rest, massage, etc., will get well if they are opened and washed out, and some antiseptic instilled, and I well remember seeing him do this back in the eighties of last century. Sometimes he inserted a tube down to, but not into, the joint after such irrigation, and never did I see a case go wrong under his hands. Lister did not know, as we do, that the majority of these cases of chronic relapsing synovitis are the result of a mild chronic pyococcal infection, often due to pyorrhœa, but his treatment was just as effective as if he had known this, and the results were as good or better than we see nowadays when all sorts of new fangled electrical contraptions are employed, or patients are put through courses of massage and hydro- or electro-therapy.

One naturally passes from this to another line of thought. There has been a great outcry during the war against the use of the *drainage tube,* and there are surgeons who go so far as to cry: "Away with the drainage tube!" They have been impressed by the bad results that come from the injudicious use of this excellent contrivance. In one of my patients I found that a drainage tube passed right through a thigh along the course of a penetrating gunshot wound where the femur had not been touched, but resting against the periosteum over the femur, and also against the femoral artery. The result of this was only to be expected in the case of a septic wound. The femoral artery sloughed, and I had to tie it higher up for secondary hæmorrhage on the tenth day; the femur became infected, and at a later date I had to remove the limb. Similarly drainage tubes have done irreparable harm in cases of shattered compound fractures when they had been carried through the line of the fracture, determining necrosis, where otherwise it need not have occurred. And yet, the drainage tube rightly used is an invaluable contrivance. Time after time I have had to insist on the removal of a plug of gauze, packed by energetic but ignorant nurses into a suppurating sinus, driving it in tightly with a maximum of patience and ingenuity like a dentist filling a hollow tooth, and hauling it out again the next day with a considerable amount of pain and discomfort to the patient, the removal being followed by a rush of pus which had been dammed back by the plug. The caustic remarks which occasionally followed such a demonstration of inaptitude and misplaced energy were, I think, pardonable. The drainage tube

has a place, and a judicious place, namely to drain a discharging cavity. And yet the war has certainly brought to the front the fact that there are conditions which have in the past almost always been dealt with by the use of a drainage tube, and yet can be treated without it, the natural antiseptic power of the tissues sufficing to deal with the infection. For example, an early empyema of pneumococcal origin can in many cases be dealt with effectively by merely tapping, or by opening and washing out the cavity and closing it again. Many cases of suppurating peritonitis, the result of an early appendicitis, may similarly be treated without drainage, after mopping out the sero-pus.

Lister almost always employed a drainage tube in his operations, at any rate for many years. He was the first to introduce the rubber tube into this country, and to show how to employ it safely. His treatment of chronic spinal abscesses was to open and drain them. To protect them from sepsis under these conditions was indeed a real test of the value of antiseptics. To the crowds of distinguished foreigners who used to accompany him in his rounds of the wards, no cases caused more interest or astonishment than those of chronic spinal abscesses which he kept in, sometimes for years, until they healed, and never did I see one of them become septic.

And yet, with all this confidence in drainage, Lister fully realized the possibility of curing a suppurating serous cavity without drainage. My friend, Dr. J. B. Elder, of Montreal, reminded me, only the other day, that Lister wrote recommending this practice for empyemata more than 20 years ago. On one occasion, too, he dealt with a case of suppurating pericarditis, where the diagnosis had been confirmed by a hypodermic syringe, by irrigation without drainage. He introduced two cannulæ through small punctures, one on either side of the sternum, and through these irrigated the cavity, washing out the pus and lymph. Unfortunately, a piece of lymph blocked the exit tube, and this not being noticed, he continued to introduce the lotion, probably weak carbolic or boracic lotion, with the result that the intrapericardial pressure increased to such an extent as to stop the heart. Lister may be looked on as a pioneer of treating infected and suppurating serous cavities by irrigation or lavage without drainage, a method of which we are certain to hear more in the

future, especially in connection with the treatment of empyemata.

Abdominal Surgery never seemed to appeal to Lister; at any rate, he rarely undertook an abdominal operation; time after time, I used to send up to him, from the out-patient room, abdominal cases, in my opinion requiring operation, but he always discovered some reason or other for not interfering. Whether it was that he felt too old to acquire the necessary technique for such abdominal work, I know not; or possibly he may have felt disinclined to turn aside to this subject, and give time to it that could be spent more profitably in other directions. He would have rejoiced, however, in the many successes gained in this field of work during the war.

Amputations have figured largely in our recent work, and here again it was Lister's influence that largely transformed the old methods of operating. Only recently I was looking up a contribution on this subject by Lister to Holmes and Hulke's System of Surgery, the third edition of which was published in 1883, and it is an essay still well worth reading. His introduction of the modified flap and circular amputation for such regions as the thigh was of genuine importance, and the necessity for protecting the end of the bone by muscular tissues so as to enable the stump to carry a certain amount of the body weight by direct pressure, has had to be emphasized anew of recent days. The value of regulated pressure in order to secure the consolidation of the stump tissues was also fully recognized by him.

He contributed to the same volume an admirable section on *Anæsthesia*. Working as he had for so long in Scotland with such colleagues as Sir James Simpson and Syme, he naturally imbibed the Scottish predilection for chloroform, and his essay is mainly devoted to discussing this anæsthetic and its action. If only his method of administration had always been followed, we should probably have heard less of the dangers of this drug, although even in his hands it was not always free from catastrophe. He fully recognized the dangers from obstructed respiration and the possible cessation of breathing due to overdose, and his simple plan of administration was as well calculated to minimize the risks of the drug, if only a certain degree of intelligence were used, as any of the more complicated contrivances since introduced with the intention of being fool-proof. His original essay was written in 1861, and it is still worthy of being read and studied. The later addenda, written

respectively in 1870 and 1882, brought the subject up to date, but although he discussed the use of ether, he still clings to his first love. One point is of interest in these days, when Shipway's and other apparatus for warming ether vapour are so much in favor, viz., that in the section written in 1882 he discussed the chilling effects of ether vapor upon the lung tissue.

But now we must draw towards a close. Not that the subject is exhausted, for time would fail to tell the influence of Lister on the surgery of the late war. That can never be told in full, nor can his great and beneficent influence on the work of our profession ever be exaggerated. His was the work of a pioneer, and we have merely been following along the tracks he blazed out and cut through the dark woods and dense forests of prejudice and ignorance. We have progressed far beyond what he ever anticipated. I have not touched on many aspects of the work which were scarcely thought of in his day, such as the curative and prophylactic action of vaccines which have been most helpful and beneficent, and which will become more so in the future. To me the task of endeavoring to trace out some of the wide-spreading influence of Lister's work in our recent experiences has been most enjoyable. As one grows older, it is always a labor of delight to think back over the memories of the more distant past and to collate with them the more modern developments. Lister has passed to his great reward in the invisible world beyond the veil, but not before he had the joy of knowing that his work was established on a sure foundation, and that throughout the wide world men and women were experiencing the benefits of his efforts and were rising up and calling him blessed. Full of years and loaded with honors he has left us, and the story of his life and work should be an incentive to all to strive for the truth, and having secured it, to live down opposition and sneering obloquy, as he did.

One final word must be devoted to Lister's personality, as we who watched and worked with him knew it. In days not very far distant the surgeon had the reputation, and I am afraid not always unjustly, of being a hard man, with feelings rendered callous by constant contact with pain and suffering, looking on operations as the great opportunity of manifesting the cold, controlled sense of power and manipulative skill, with but little thought for the trembling and affrighted patient. The surgeon was somewhat akin to the butcher, glorying in the shedding

of blood, somewhat reckless as to the possibility of destroying life, often rough of tongue, and sometimes not too gentle of hand; unwilling to learn new ideas, disinclined to unlearn, and intolerant of opposition. Lister was far from that type of man. Though confident in the truth of the facts on which he based his practice, he was ever courteous and considerate; never an unkind word passed his lips, or a hasty judgment biased his behavior. In the conduct of discussions in the public journals, where he was bitterly and viciously attacked, his replies were always seemly, though he was ready enough to maintain his own opinions. He was not quick to learn new technical and manipulative methods; I tried on many occasions to teach him the way to finish off a mattress suture neatly, but he never seemed to succeed in accomplishing this, and indeed he rarely employed a continuous suture. To his juniors he was always kind and thoughtful; and if he had to oppose their methods or undo their work, his way of doing this left no sting. Let me relate a personal experience of this. Lister was always opposed to operations on joints which were complicated by septic sinuses; such a condition was by him always, or almost always, treated by amputation, if the case could not be cured by drainage and rest. On one occasion when he returned from his vacation, I took him round the wards and showed him what I had been doing in his absence. It was the time when the bacillary nature of tuberculous diseases had just been demonstrated by Koch, and the treatment for such affections was for the time being operative, with the view to removing each fragment of the trouble as completely as if it had been cancerous. From one of the patients I had excised a knee joint which had been complicated by a septic sinus; it had not been an uneventful after-history, but had flared pretty badly; by drainage and care, however, it had been got into a healthy state, and the bones were uniting firmly, and I was very proud of the recovery of this case. When Lister heard the story and saw the case with considerable granulating wounds, he was horrified at my temerity in having acted in this manner in his wards, and condemned the limb to amputation next day. I arrived on the next day considerably humbled, and I must admit somewhat resentful at the undoing of my work and the overriding of my opinion as to the eventual well-doing of the patient. Lister proceeded to introduce the case, and merely stated that another surgeon had excised the joint, mentioning no name, that the case had not done well, and that, in his opinion, it was essential

to remove the limb at once. The patient was anæsthetized and the dressings were removed, and everything prepared for the amputation. And then Lister was forced to examine the limb a little more closely, lifting it from the splint; this he did with care and found it so firmly united that after spending a little further time over it, he was finally obliged to admit that the case was doing well, and that no amputation was required. He then stated the name of the surgeon who had operated, and made a nice little *amende honorable,* which removed any feeling of resentment or unpleasantness that might have been in existence. At the same time he laid stress on the risks of acting in such a manner as I had. This little episode is just characteristic of the man. He was too great to be petty and too noble to be unkind or unjust. Ready at all times to teach again and again the same subject, he was always willing to hear other people's opinions and to give them earnest consideration. To quote from Tennyson in conclusion:—

"But he
To whom a thousand memories call,
Not being less but more than all
The gentleness he seemed to be,

Best seemed the thing he was, and joined
Each office of the social hour
To noble manners, as the flower
And native growth of noble mind;

Nor ever narrowness or spite,
Or villain fancy fleeting by
Drew in the expression of an eye,
Where God and nature met in light;

And thus he bore without abuse
The grand old name of Gentleman."

MATERNAL AND CHILD WELFARE

By John W. S. McCullough, M.D., C.O.H., Ont.

The loss of life among young children in the first year of life, and particularly in the early months of life, is appalling. It is bad enough in this country, but it is infinitely worse in other places. The lowering of the birth-rate, while not serious enough with us to cause alarm, has long been a source of anxiety in countries like France, and is now a matter of serious consideration in Great Britain. There is no country where the mass of the people are so generally well educated as Scotland. The Scottish people have the best educational system in the world. There was no place more prosperous during the war than the intellectual city of Edinburgh, yet in the period of the war the birthrate of Edinburgh, and of Scotland generally, sank to the lowest in its history, and the infant mortality rate rose to a figure unprecedented in modern times. Turn to the province of Connaught in Ireland during the same period. Here the people are extremely poor; they are mostly illiterate, yet the birth-rate was more than twice that of Scotland and the infant mortality rate about one-third that of the sister nation.

You will be enquiring the reason for this great difference. It is summed up in the phrase, "The mothers stayed at home and nursed their babies." In Scotland and in England, the mothers were at work and the babies suffered in consequence. They were fed by artificial means, upon which no baby has a fair chance. With us until recent years the mother did not go out to work. This custom, however, is increasing, and its continuance and increase are a menace to the future of the nation. No mother can meet the needs of her future child if she works in a factory, and no baby has a chance without the breast-feeding and mothering which none but a mother can give. The modern pleasure-loving customs of our civilization interfere with the mother-care even among the well-to-do.

The Board of Health is just entering upon work of an important character in Ontario. At the session of the Legislature just closed the Board induced the Government to provide the sum of $40,000 for the purpose of beginning the organization of a Maternal and Child Welfare Division.

It is proposed to organize the work somewhat after the following plan: Well-trained nurses to the number of eight or ten,

will be secured, paid good salaries, and given a course of two or three months. These nurses will be called *District Nurses.* Each district nurse will establish herself in a small town or village. She will have a motor car by means of which she will be enabled to get about the adjoining country and encourage the mothers to come to her meetings. The assistance of influential men and women will be secured, and a *Community Health Centre* established. The health centre will be encouraged to secure a public health nurse for themselves to carry on intensive public health and baby welfare work along the lines pursued by the district nurse. Every community has men and women willing and anxious to do work of this kind.

It is proposed to employ a well-trained dietitian in the Board of Health, who will be able to furnish instruction in suitable dietary for children. Letters of instruction will be sent to mothers and prospective mothers detailing information in the care of both mothers and their babies. In short, it is hoped to make the Board of Health a centre of information to which any mother or prospective mother may appeal. If the local health centre is unable at first to raise sufficient funds to employ a nurse, we hope to be in a position to afford some financial assistance.

Each district nurse will be supplied with a small and inexpensive exhibit which will illustrate the proper dress, diet, and generally the means whereby a baby may be properly cared for. The lives of many mothers and of many babies would be spared if the mothers were properly supervised before confinement.

HEALTH

By Peter H. Bryce, M.A., M.D.,
Of the Federal Department of Health.

When Pasteur, inspired with a divine imagination, first connected the fermentation of wines, the mildew of vines and many diseases of men and animals with the presence of bacteridia or microscopic forms of life, and by a series of simple yet marvellous experiments proved the *germ theory of disease,* he for the first time put the science of Medicine on an exact biological basis, which during the last fifty years has transformed the activities of mankind and given men an outlook on life as assuring as it is rational.

It is something to have lived during this period and to have seen the great pestilences of former times in practice disappear amongst progressive peoples. Personally I have known during an epidemic of smallpox, which killed a third of its victims, the faces of men and women grow ghastly grey with fear and horror. Pasteur immortalized himself in the field of experiment, when with fifty sheep he proved his contention that the twenty-five vaccinated with attenuated virus would withstand safely the lethal dose of anthrax germs, while the unvaccinated would be dead within forty-eight hours. Perhaps some time I may repeat the whole story; but suffice it to say that Rossignol, the veterinary sceptic and scoffer, was forced, on seeing the result, to send him a telegram, "*Stunning success,*" and forthwith Pasteur's fame placed him amongst the Immortals, for at a single stroke he had saved 4,000,000 francs annually in deaths amongst animals from anthrax in the Beauce District of France alone, had created the science of bacteriology, and established immovably *the experimental method.* There has never been perhaps a more perfect illustration of inductive reasoning than when Pasteur, knowing that rabies could be induced readily by the saliva of a rabid dog, refused to accept as a cause the germs found present in an animal killed by injecting saliva, since he considered it not unlikely that various other germs present might on injection cause death. Deeming the brain and spinal cord the special seat of this disease, he removed carefully fragments of brain, and with a solution prepared aseptically, injected it into the brain of a healthy rabbit under chloroform and induced the disease within fourteen days. By transfers from rabbit to rabbit he further increased the virulence until death took place on the seventh day after injection. Having fixed this point he now imagined a method of reducing the virulence, and so took fragments of the spinal cord of an infected rabbit, and placing them in a drying jar with a cotton wool cork, carried on a series of cords from that fourteen days old to that only one day old. Believing the virulence would thus be attenuated he vaccinated infected dogs and found that by starting with the weakest and making injections of greater virulence from day to day they could be immunized against the fresh virus—and he succeeded.

The marvellous results were acclaimed by medical congresses, and congratulations came even from the courts of kings. But soon there came the crucial experiment, when a poor mother and her Alsatian boy, Joseph Meister, came into

Pasteur's laboratory, and the mother told of how the boy had been bitten on hands and face by a mad dog, and that her doctor had sent him to Pasteur. After careful discussions with his associate professors it was determined the case was one for trial, if the mother approved. Consent given, the first injection of a thirteen-day-old cord was made, followed by twelve with cord of greater virulence within ten days. These were three weeks of agony for Pasteur, and when the last injection of fresh cord was made he almost collapsed with nervous anxiety. They hurried him away to the mountains for a rest and to receive the joyful news that after thirty-one days the boy was still happy and well.

PRAISE FOR CANADA

Sir James Purvis Stewart, the eminent nerve specialist, of London, Eng., consulting physician for the British Army at Salonica and Egypt, in a speech recently delivered in Toronto, said:

A generation ago the popular impression of Canada among the English was that this was merely a land of the imagination. But the Boer War had wakened up the Englishman, while it had remained for the late war to write the story of Canada upon the heart of Great Britain in such manner that it will never be forgotten. Having seen something of Canadian hospitals overseas, Sir James expressed his pride in Canadian surgeons, who had held their own with any men in the world. As to Canadian nurses, he felt that he could not express his full gratitude, but he gave the assurance that, "as long as there is gratitude in the human heart, the nurses of Canada will be remembered in England." His object, he added, was merely to express his admiration, affection and gratitude to the Canadian people for the part they took in the war.

Editorials

HEALTH

We publish in this issue some interesting observations on "Health" by Dr. Peter Bryce, which were extracted from one of his papers published in *Saturday Night*. As the profession and a large portion of the public will understand, Dr. Bryce knows as much about health matters as any other man in North America. Of course, for many long years we have looked up to that grand specimen of humanity, Dr. Fred Montizambert, whom everyone both loves and respects, as our prophet and guide in matters pertaining to public health. We believe none would say "nay" if we proclaimed Dr. Montizambert the greatest Medical Officer of Health the world has known. He was in the Public Health Service for fifty-four years, and the head of that service for the greater part of this long term, and we have been told by those in a position to know that during his long and distinguished service he never made a solitary mistake.

Next comes Dr. Bryce, who has been generally recognized throughout Canada and the United States as one of the most distinguished health specialists in the world. He was born at Mount Pleasant, near Brantford, in 1853, graduated B.A., with high honors in science, from the University of Toronto in 1876, and M.D., with a good honor standing, in 1880.

He then went abroad and engaged in post-graduate work in London, Vienna and Paris. Soon after his return he was appointed Chief Officer of Health

for Ontario, and continued in that office for twenty-two years, during which time he did much exceedingly valuable work in the interests of public health which never received half the appreciation it really deserved. But he fought his big battles when the opposition to all improvements in connection with public hygiene was very strong and exceedingly bitter. He was called from Toronto to Ottawa in 1904. After going to Ottawa he spent some time in the Indian Department, but later became Health Inspector in the Department of Immigration.

CHRISTIAN SCIENCE

As physicians, we are inclined to refrain from discussing the merits or demerits of Christian Science, but frequently we view the opinions of the lay public with interest. The Rev. Dr. Cody, in a sermon delivered December 12th, had something to say regarding Christian Science from the following text, " Prove all things, hold fast that which is good."—Thessalonians 5: 21.

He referred in detail to the teachings of Mrs. Eddy in " Science and Health." Without reference to individual members, he thought the system contained many elements of danger. It was not a religion, but a philosophy, which struck at the roots of true religion in that it denied the incompatibility of mind and matter and endeavored to show the unreality of the latter. The cult had been built up on the practice of mind-healing. Dr. Cody thought the latter sometimes accomplished good by changing the trend of thought in many neurotic persons, and in that caused improvement to health. He added,

however, the following important statement, "There is no record that Christian Science has ever cured any serious organic disease."

Mrs. Eddy's views on religion and the Bible were not original, but were the outcome of a misunderstanding of philosophic idealism taught by Bishop Berkley and others in New England in her younger days, when those states abounded in strange cults. Mrs. Eddy's book was difficult to understand. It contained a series of contradictions interspersed with a little sound philosophy here and there.

MR. BICKNELL YOUNG'S VIEWS ON CHRISTIAN SCIENCE

We are told by the Toronto *Mail and Empire* that Mr. Young, of Chicago, delivered an interesting lecture on Christian Science in Loew's Uptown Theatre, Toronto, December 19th. He said, in part, Christian Science reveals the fact that thought governs or misgoverns mankind, including the body, and, as we attain the divine standard, the health and safety of the body are proportionately secure. Christian Scientists are generally happy and healthy. I am not claiming that all that can be desired in these directions has been accomplished, but certainly thousands of people who are alive and well to-day testify that they were saved from death and their health was restored through Christian Science.

The Founder of the Christian religion proved that diseases, even of the most fatal nature, could be healed by the power of understanding, but such power can only be available to men in proportion to

their righteousness. The power to heal is wholly from God, and this power is natural to men and women in the proportion of their understanding or enlightenment of the true nature of God and His law.

EDUCATIONAL MOVIES

In recent years the movies have come into existence, and are now popular beyond anything the world has previously known in the shape of picture shows. It was hoped by some of our enthusiastic medical reformers that we had found in the movie a wonderful instrument of education, especially regarding venereal diseases. Some of the super-optimism appeared to be rather infective and some of our health associations were greatly exhilarated with delight regarding the prospects from a teaching viewpoint.

As a result, indecent movie films were exhibited, and young boys and girls were encouraged to attend the show places.

Fortunately, the public soon commenced to recognize the evil effects produced by these abominations. Among those most interested were Premiers Hearst and Drury, both of whom spoke with no uncertain sound.

The public press is now taking an active interest. The Toronto *Mail and Empire* of December 17th acknowledges that instruction should be given on sex questions, but does not endorse the opinion that moving-picture shows are the proper places for imparting such instruction. It also expresses the opinion that more fitting instruction can be obtained by reading the seventh chapter of Proverbs.

Those familiar with the Book of Proverbs will remember that in that chapter the "young man void of understanding" is warned against the "woman with the attire of an harlot, who perfumes her bed with myrrh, aloes and cinnamon" and makes "her house the way to hell."

FACTORY-MADE FOODS

The Medical Press (Eng.) has rather a poor opinion regarding the virtues of some of the artificial foods now largely used in England. Public annals in many parts of the kingdom have furnished much discomforting information. One food, advertised as "Cream Custard, Extra Delicious and Creamy," proved to be neither more nor less than tinted starch. Another advertised as "Egg Powder, of which one packet was equal to two or three new-laid eggs," proved to be wholly innocent of anything suggestive of an egg, new or old. Such foods are largely employed in households, restaurants and hotels, their popularity depending on cheapness, accessibility and convenience. The increased development of factories has led to a sad deterioration. In connection therewith the journal expresses the hope that there may soon be a return of the older sorts of food properly prepared in the home.

News Items

ONTARIO MEDICAL COUNCIL

The following candidates have passed the November examinations of the College of Physicians and Surgeons: Robert Henry Baker, Coboconk, Ont.; William Francis Beamish, Palmerston, Ont.; Michael Joseph Brown, Toronto; Richard Davidson Cowan, Galt, Ont.; Agnes Ann Curtin, Kemptville, Ont.; Edmund Albert Floyd Day, Thamesford, Ont.; William Blake Gibb, Haverstraw, N.Y.; Francis Robert Goodfellow, Godfrey, Ont.; Frederick Cyril Greenwood, St. Catharines, Ont.; Claude Malcolm Hall, Kenmore, Ont.; Bernard Vincent Hunt, Kingston, Ont.; Charles Gregory Johnstone, Port Arthur, Ont.; George Russell Jones, Webbwood, Ont.; Graham Albery Jordan, Hamilton, Ont.; Milburn Watts Kemp, Port Dover, Ont.; James Douglas Kinsman, Fonthill, Ont.; Ambrose Bernard Lawler, Kingston, Ont.; George Edwin Lipsitt, Marksville, Ont.; John Joseph McClintock, Toronto; Florence Spaulding McConney, Toronto; George Oliver McDonald, R.R. 3, Lakeside, Ont.; James Edward McGillivray, Toronto; Harry John Quinn, Brantford, Ont.; John Spence Reid, Tillsonburg, Ont.; Roy Clifford Shaver, Stayner, Ont.; Roy Wilfrid Simpson, Grand Valley, Ont.; Wray Lionel Spratt, Ottawa, Ont.; Alvie Earl Stewart, R.R. No. 2, Ancaster, Ont.; Jabez Franklin Stoness, Perth Road, Ont.; Ewart G. Wheler, Toronto; Harold Lloyd Ellis, New York City; Thomas Arthur Ellis, Niagara Falls S., Ont.

SMALLPOX

From reports received during the last few weeks, we learn that smallpox is prevalent in many portions of Ontario, especially in the Ottawa, Cornwall and Belleville districts, and also in many western sections. So far as we have heard, it has been, up to the present, mild in character, and a large portion of the public are unfortunately impressed with the idea that it is no worse on an average than ordinary vaccination. It happens, therefore, for the time being, it is rather difficult in many cases to enforce compulsory vaccination.

PRETTY PRINCESS MARY

Very popular is Princess Mary, who has just successfully passed through a course of children's nursing at a London hospital. In her nursing costume, with her beautiful fair hair showing beneath her becoming cap, her lovely complexion, and a smile that is perfectly irresistible, she makes as charming a type of English beauty as one could possibly hope to see. Nursing has always had a great attraction for the Princess, who has a real talent for the work. One little boy at the hospital where she was studying loved so much to be attended by her that he used to insist upon waiting to have his wounds dressed until she came in to do it.

WHERE MEIXCO STANDS

Where Mexico stands with reference to the American Public Health Association was very directly set forth at San Francisco by Dr. Alfonse Pruneda, representative of the Mexican Federal Government to the meeting. Dr. Pruneda said:

And now before ending this brief report I take the liberty of expressing to you the true satisfaction with which Mexico, my beloved country, has resumed her old relationship and friendship with the American Public Health Association. Mexico is no longer the country of Pancho Villa and unrest; it is a country with many historical traditions and the strongest desire to resume its old place among the civilized nations of the world, and especially its old friendship with its big brothers of the States.

SPEEDWELL HOSPITAL

We are informed that Speedwell Hospital, formerly the Ontario Reformatory at Guelph, and in later years used as a military hospital, will be used in future as a central institution for the criminal insane. One rumor has it that the Ontario Government intends to make it a rival of the famous Matteawan Asylum in New York, which became famous during the incarceration of Harry Thaw.

THE FLORENCE NIGHTINGALE OF BELLEVUE HOSPITAL, N.Y.

Miss Carrie J. Brink, a nurse in Bellevue Hospital for over nineteen years, being the superintending nurse for a good portion of that time, dropped dead, December 10th. Dr. O'Hanlon, the Medical Superintendent, declared: "No tribute that tongue can utter, that pen can write, that artist can depict, that music can express, would be too good for her." Dr. Thornton, one of the attending physicians, said: "Her death is like taking away from Bellevue its soul." Dr. John Hill called her "the Florence Nightingale of Bellevue." Dr. George Stewart said: "In her years with us she has mothered 20,000 nurses."

McGILL UNIVERSITY

We understand that the campaign to raise a large sum of money for McGill University has been successful. A portion of the money will be used for the erection of a building to house the Departments of Pathology, Medical Jurisprudence, Hygiene, and Psychiatry, at a cost of about $500,000, with an additional sum of $150,000 as an endowment for maintenance.

HONOR TO DR. BELAND

The King of Belgium has conferred on Dr. Henri S. Beland the title of Knight of the Most Distinguished Order of the Crown of Belgium "for generous, brave and devoted services" during the war.

The next annual meeting of the Canadian Medical Association will be held in Halifax, N.S., July 5-8, 1921, under the presidency of Dr. Murdoch Chisholm.

The membership fee of the American Medical Association has been increased from five dollars to six dollars, commencing with the year 1921.

Obituary

LT.-COL. R. A. BOWIE, M.D., M.R.C.S. ENG., L.R.C.P. LON.

Dr. Robert A. Bowie, of Brockville, died November 26th, as the result of injuries in a fall down the elevator shaft at St. Vincent de Paul Hospital. He had opened the door of the shaft, but being interrupted, waited a moment to speak to some one, then turned to step into the elevator, but instead, dropped to the floor beneath, the elevator having left the floor while he was speaking to his friend. He received a fracture of the skull, fractures of both legs, and other injuries, and died without recovering consciousness.

Dr. Bowie served overseas with the C.A.M.C. successively as chief surgeon at Moore Barracks and at No. 2 Canadian General Hospital. Later he was chief of the surgical staff at Orpington. He was several times mentioned in despatches. He was fifty years of age. His wife, a daughter of Mr. Geo. Pattulo, Woodstock, Ontario, and a sister of Mrs. Adam Ballantyne, Toronto, survives with three daughters. Dr. Bowie graduated M.D. from McGill in 1891, and received his British qualifications in 1892, after which he commenced practice in Brockville, and soon became one of the leading physicians in that part of Ontario.

JOHN B. HALL, M.D.

Dr. John B. Hall, of Toronto, died November 26th, aged 84 years. He graduated M.D. from Homœopathic College, Mo., in 1860. For a long time he called himself a Homœopathic practitioner, but in recent years, a general practitioner of medicine. For many years he enjoyed the reputation of being the best doctor for children's diseases in Toronto. Many of us think he deserved that reputation because of his intelligent methods of dieting infants and children. He gave to his young patients syrups and sugar pills (so it is said), which pleased both his patients and their mothers, who disliked the Gregory mixtures and other abominations of the regulars of those days. Dr. Hall always treated physicians in a kindly and courteous way, and was generally liked by all schools in the profession.

Book Reviews

Standard Nomenclature of Diseases and Pathological Conditions, Injuries and Poisonings for the United States. First Edition. From the Department of Commerce, Bureau of the Census, Washington. Government Printing Office. 1920.

In an effort to standardize the nomenclature used in medical and surgical practice, the present volume has been issued by the United States' Government. The Committee who prepared it do not claim any perfection in the matter of the text, and invite free criticism. Credit is given to the present existing lists such as that issued by the Royal College of Physicians, Army and Navy official nomenclatures, etc. When we consider the free way in which medical terms are bandied about by different writers, the need of some official guide is quite obvious, and it is hoped that this first trial volume will stimulate an interest in the subject which will be reflected in future editions.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on medicine, surgery, etc., by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Volume III. Thirtieth series, 1920. Philadelphia and London: J. B. Lippincott Co.

The third volume of *International Clinics* this year reaches a high level, many of the contributed articles being classics. The general plan of the work is such as to make it most useful to the practitioner seeking to keep abreast of the times. The reports of actual clinics are of the kind which encourage thought, and altogether the whole volume helps to make for both better diagnosis and treatment.

A new obstetrical journal, *The American Journal of Obstetrics and Gynæcology*, edited by Dr. George Kosmak, of Detroit, and Dr. Ehrenfest, of St. Louis, published its first issue in October. It is published by the Mosby Company, St. Louis, Mo.

Correspondence

THE SMOKE NUISANCE

Fergus, October 21, 1920.

The Editors, Canadian Practitioner and Review:

Dear Sirs,—Your editorial on "The Smoke Nuisance" states it is mostly caused by bituminous coal, and no doubt that is a nuisance in some places, but the universal smoke nuisance, which it is nearly impossible to get away from, is caused by tobacco. The tobacco addicts are everywhere. Go to a meeting where only men are present, and too often the tobacco addicts fill the room with smoke regardless of the comfort of others. In a railway car the smoker's pen vitiates the air of the whole car; even in some restaurants the smoker is in evidence. The right of anyone to use tobacco I am not discussing or disputing, but no one has a right to use it where it will be offensive to others. The tobacco smoke nuisance ought to end or be ended.

Yours truly,

A. Groves.

A WARDLESS HOSPITAL

The newest type of hospital appears to be under course of construction in New York. It is to be known as Fifth Avenue Hospital and its scheme is luxurious in the extreme. Built in the form of an X, it will be entirely guiltless of the "old-time" ward, and every one of its 300 rooms will be private, open alike to poor and rich. The medical men on the staff will occupy the entire first floor, and each apartment will have a private door in order that outside patients may visit their doctor without coming through the hospital.

Selected Article

SURGICAL DON'TS

By C. Hamilton Whiteford, M.R.C.S., L.R.C.P. Plymouth.

Two Types of Case in which Operation is Contra-indicated.

The contra-indication may be:

(1) *Absolute*, owing to the existence of a second condition which is incurable and will shortly prove fatal.

An old lady suffered from gall-stones and diffuse abdominal cancer. An enterprising operator wished to remove the gall-stones. The patient's son (a well-known surgeon, now deceased) said, "Certainly not. My mother is dying of incurable cancer. Leave the gall-stones alone and give liberal doses of morphia."

(2) *Temporary*. The commonest condition calling for temporary postponement of operation is loss of blood or shock.

A youth sustained a gunshot wound which destroyed all the structures at the back of the knee. Amputation was inevitable. But the patient, from shock and loss of blood, was blanched and collapsed. Operation was deferred for twenty-four hours, at the end of which time the patient had rallied and stood the amputation easily. Immediate operation would have proved fatal.

The mistaken theory that amputation of a mangled limb must, at all costs, be immediate, in order to prevent sepsis, is responsible for much loss of life. Amputation performed during collapse nearly always means death. Deferring amputation until the patient has rallied does not, of necessity, entail sepsis, nor does such sepsis of necessity prove fatal. A patient has a chance of surviving sepsis, but has no chance of surviving amputation performed during collapse. The lay-press still concontains reports such as the following:

Fatal Accident on a Farm.

John H., a farm laborer, aged forty years, became entangled in a threshing machine, which crushed his right thigh and leg. Dr. Movemquick, who was called in, found him to be nearly unconscious, suffering from shock and loss of blood,

and ordered the patient's immediate removal to the hospital. At the inquest, the house-surgeon said that deceased was admitted with a shattered thigh and leg, which it was found necessary to amputate at once. (Why "at once" no one troubles to inquire.) The patient never rallied and died the same night. Verdict: "Accidental death." (To which, in the interests of truth, should have been added a rider, that deceased's chance of life was thrown away by his being carried about, anæsthetized, and operated upon while in a state of collapse.)

Mania Secandi.

Don't operate merely for the sake of operating. The man who operates on everything may, like the bad billiard-player, score an occasional fluke, but, while the indifferent cueist damages only his tools, the operating "fluker" injures his fellow creatures.

Don't attempt to justify indiscriminate operating by that feeblest of all excuses: "If I do not perform this operation, someone else will."

Doing Something.

Don't, "because something had to be done," perform an operation which cannot possibly relieve the patient. There are occasions on which it is the duty of the surgeon, in the interests of the patient, to undertake the hardest task in the world, that of doing nothing, in opposition, it may be, to the demand of the patient, to the ignorant clamor of his relatives, and, most difficult of all, to the opinion already expressed by the family's medical adviser.

An operation is a form of treatment too serious to be employed merely as a placebo.

Profession or Trade.

Don't debase a firstclass profession to the level of a trade, and a tenth-rate trade at that.

The application of commercial methods to surgery results in many abuses. The interests of the patient are relegated more and more to the background and ultimately disappear. The patient becomes a piece of merchandise from which the largest possible profit is to be extracted.

The sick person is literally bought and sold.

Fee-splitting and secret commissions, in their manifold and artful disguises, become rampant.

A feature common to the various forms of this nefarious practice is the fact that, for obvious reasons, the patient is never fully informed of the true details of such dichotomy.

The unnecessary or useless operation the commercially expert operator finds an easy means of lining his purse. He can advise an operation for a disease of which there is neither a sign nor a symptom, or an operation to ward off evils of which the patient is not in danger.

For actual disease which has reached a stage in which operation can give no relief, he can hold out hope of operative benefits which, in view of the patient's condition, are impossible.

William J. Mayo, in a presidential address to the American College of Surgeons, said:

"The dishonest, conscienceless man, who has surgical skill, is most dangerous in any community. Unnecessary operations, even when performed with a high order of technical ability, are the bane of present-day surgery."

As an additional means of increasing his ill-gotten gains, "the smart business man," in the case of well-to-do patients, carefully refrains from stating beforehand the amount of his fee. This enables him, at the finish, to send a bill for a sum which, prior to operation, he would not have dared to demand.

The lapse of the old-time custom of paying the surgeon his fee before the operation is much to be regretted. It is the debasement of surgery by trade methods which gives point to the gibe which defines appendicitis as "the disease which enables an operator to open up a man's anatomy and clear out his banking account."—*Med. Press.*

Operative Treatment of Chronic Duodenal Ulcer

The conclusions of this review of the ultimate outcome in fifty-nine cases of duodenal ulcer in Payr's service are rather pessimistic. The comparative frequency of peptic ulcer after conservative or even radical intervention, the inability to prevent and control hæmorrhage and perforation, and the danger for the patient from resection render the outlook grave, while the nervous factor in the development of the ulcer and the good results reported occasionally from medical treatment justify considerable reserve in advising surgical treatment.—*Hobibaum, J. A. W. A.*

Miscellaneous

Treatment of Haemorrhage

Recognizing the fact that the utility of Adrenalin in therapeutics hinges upon its remarkable contractile effect upon the small blood-vessels, the physician readily accepts it as the most available styptic we have. Its action is manifested whether it be applied directly to the exposed vessel, administered subcutaneously in the bleeding area, or, as in intestinal hæmorrhage, given intravenously. When applied locally the response is so vigorous that the tissue is actually blanched; and in combination with local anæsthetics it prevents excessive bleeding during and after operations on mucous membranes and other structures.

In the advertising section of this issue the reader will find the fourth of a series of little essays on "Adrenalin in Medicine," in which the topic discussed is "The treatment of Hæmorrhage." While most practitioners are more or less familiar with the therapeutics of Adrenalin, a perusal of this brief article will serve to refresh the memory of any one who has momentarily lost sight of this remarkable and dependable agent in minor surgery. A notable point that may have been overlooked is that Adrenalin not only controls bleeding by vasoconstriction, but it also shortens the coagulation period, whereby it occupies a distinctly unique position among hæmostatics.

Super-Vitamines.—This from a recent issue of *Physiological Abstracts*:

Three dogs fed on the same diet with the addition of two to three per cent. "Orypan," a commercial vitamine, lived for three to six months and retained their desire for food for a much longer period.

With the present high cost of food-stuffs, one may question the wisdom of taking anything that will prolong the desire for food after death. Nevertheless, this chemico-physiologic achievement evokes one's admiration. Science is, indeed, wonderful.—*J.A.M.A.*

American Women and Birth Control

The New York State Federation of Women's Clubs has decided, at its annual convention at Utica, in favor of birth control. The resolution, according to the Central News Agency, urged the speedy removal of all barriers "due to legal restrictions, traditions, prejudice or ignorance, which now prevent parents having access to such scientific knowledge on the subject as is possessed by the medical profession."

Mrs. Blair said that physicians, nurses and scientists endorsed the resolution, and she added: "Women, there is nothing of more importance in the world, for the good of the world than this question." Catholic delegates were among the foremost opponents of the proposal. Their point of view was crystallized by one of them in the following declaration: "We are not living for this life alone. We must not dare to usurp the power of God." Miss Goldsmith, a prominent war-worker, expressed the opinion that it was a question for the physicians to decide, and that their decision should be sanctioned by women. Women knew, she added, the abuses of such knowledge.

Benjamin Franklin and Abraham Lincoln were cited as examples of the sons of poor parents who might have said: "We cannot afford to have children and educate them." But, in spite of strenuous opposition, the resolution was carried by 149 votes to 97. The action of these American women is chiefly significant as a sign of the times. It is almost certain that birth control is going to become one of the most hotly discussed practical questions in the near future.—*The Hospital, London.*

Orange Juice Powder

A highly active dried orange-juice can readily be prepared on a commercial scale which will keep after prolonged storage under suitable conditions. The peculiar value of such a substance lies in its adaptability for infant feeding and for the use of expeditions of long duration, where fresh fruit and vegetables are unobtainable and when transport must be reduced to a minimum. It would appear that orange-juice is decidedly superior to vegetable juices in regard to keeping its activity when exposed to relatively high temperatures.—*London Lancet.*

Place aux Dames

Women are complaining to-day of the " double standard of morals," and they do right to complain; but in heaven's name let them be consistent, and not by their mode of dressing, their dances, and other follies unconsciously foster the very double standard of morals which they so righteously denounce. A fossilized octogenarian or a self-complacent mollycoddle with ice-water in his veins may be able to look at the sights which any man can see in modern society to-day, and in the dance hold in his arms a throbbing, beautiful young woman with almost half her body exposed and the other half clothed largely with good intentions—such a man, I say, under these circumstances may maintain a philosophical calm, but any young fellow with red blood in his veins and the elemental forces of Nature operating in him cannot easily do so.—*Rev. J. W. Stratton.*

Ether in Whooping Cough

Cheinisse summarizes the experiences that have been published to date with intramuscular injection of 2 c.c. of ether. They are almost exclusively favorable. The injections are made in the buttocks, and it is a question whether the ether acts by attenuating the tendency to spasm or by direct disinfection of the tissues. Audrain never had occasion to give more than three of the injections in his cases.—*Presse Medicale, Paris.*

Orangeless Orange Juice

The United States Department of Agriculture has found that manufacturers are selling orange beverages without oranges. In most instances these concoctions are sweetened carbonated water, flavored with a little oil from the peel of the orange and artificially colored to imitate orange juice. The manufacturer suggests prominently on the label that the product is really orange juice, and at the same time he endeavors to escape the charges of misbranding by inconspicuous statements in another part of the label, which the average purchaser does not read. The Bureau of Chemistry has instituted prosecutions under the Pure Food and Drugs Acts against this form of misbranding and cases are now in the Federal courts. Public Health Reports, from which these facts are taken, suggest that the whole matter is a result of prohibition.

Women Physicians

Reference has repeatedly been made in these letters to the fact that the number of women students and women physicians shows an annual increase in Germany. There are at present approximately 8,000 women at German universities, twice the number registered five years ago, and almost four times the number entered in 1910. Of these, more than 2,000 are medical students. In this relation it may be of interest to test the demand of gynæcologic patients for women physicians.

Syphilis and Surgery

To those who have had an extensive experience with syphilis in its protean forms it is the great masquerader among diseases. It may attack any organ or structure of the body, and its lesions so often closely simulate other affections as to lead to grave errors in diagnosis. The patient's history is frequently misleading. There is a natural tendency on the part of many persons to conceal or deny the occurrence of venereal infection in their early life, while in others the external evidences of syphilis have been so mild, vague and indefinite that a physician has either not been consulted, or as sometimes happens in this type of cases, has failed to recognize the condition. Such diagnostic errors were far more common and pardonable before the introduction of the Wassermann reaction than they are at present, since this test furnishes a fairly reliable means of detecting the existence of syphilis. The time has come when patients should no longer receive the benefit of the doubt; when the absence of a syphilitic history should be disregarded in many chronic diseases of obscure character, and when the Wassermann test should be more commonly employed than it is now in the diagnosis of these cases. A startling demonstration of the prevalence of syphilis among the younger portion of our population was afforded by the examinations of draft boards during the war, while numerous investigations of cases admitted to hospitals for various chronic maladies have revealed the presence of a previously unsuspected syphilitic element. Obviously the dermatologist, who daily encounters the visible manifestations of luetic infection on the surface of the body, was the first to become impressed by the frequency with which syphilis simulates various cutaneous affections, and by the need of a pains-

taking differential diagnosis. The records of laryngology disclose numerous instances in which it has been mistaken for cancer; the neurologist has learned that it is a dominant factor in the causation of many diseases of the nervous system; the internist is appreciating the important role played by syphilis in the etiology of diseases of the liver, stomach, heart, blood vessels, etc. To the surgeon syphilis is of vital interest for several reasons; chiefly because if unrecognized and untreated it may lead to unnecessary and sometimes dangerous operative work, or may unfavorably influence the success of necessary operations, or may delay or otherwise interfere with the healing of wounds and the union of fractures. It is, therefore, strange, as Dr. William Pearce Coues points out (*Boston Medical and Surgical Journal,* No. 23, 1920), that the surgeon, except in a few instances, has not realized how much bearing the large amount of unrecognized syphilis, as revealed by intensive study and refined diagnostic methods in recent years, may have on his own problems of diagnosis and operative treatment. If the surgeon receives a negative Wassermann report before operation the factor of a possible syphilis is often dismissed, and frequently this test is not made because of the absence of glaring manifestations of the disease and the denial of previous infection. In cases with negative Wassermann reactions skeletal radiography is, according to Coues, a most valuable method of detecting at times a silent syphilis. He believes that probably about fifteen to eighteen per cent. of those applying for surgical treatment at large hospital clinics have been infected some time or other with the spirochæta pallida. Referring to various diseases which are caused by or complicated by syphilis, but in which its presence is often unsuspected, he calls attention to the fact that syphilitic cervical adenitis has not infrequently been mistaken for the tuberculous form, and that syphilitic mediastinitis is sometimes mistaken for hopeless malignant disease. Luetic affections of synovial membranes and bursæ may simulate ordinary synovitis and bursitis. Syphilitic bone disease at times underlies varicose veins of the legs and varicose ulcers. In cases of non-union and delayed union of fractures the possibility of a specific element must always be borne in mind, and liability to fracture may be due to the rarefaction or thinning of osseous structure caused by syphilitic bone disease. Gummatous infiltration of the testicle is not infrequently operated upon for sarcoma, teratoma, or tuberculosis. The tabetic ar-

thropathies, with or without ulceration, are quite often incorrectly diagnosed, the underlying cause being unrecognized. It is said that five or six per cent. of gastric ulcers are syphilitic, but Coues believes that ten per cent. would be nearer the truth. The significance of this fact must be considered in all "stomach cases" seen by the surgeon. Gummatous ulceration of the stomach may also simulate gastric cancer so closely both in symptoms and in radiographic picture as to make the diagnosis very uncertain. Failure to recognize the gastric crises of tabes has often led to operations for appendicitis or gall bladder disease. In the field of industrial surgery, as Coues points out, the existence of a complicating previous syphilis may be overlooked and the patient's convalescence retarded from lack of specific treatment. Many other instances could be cited to show the frequency with which syphilis so closely imitates other conditions as to give rise not only to confusion in diagnosis, but to needless or ineffective surgery, but the above will suffice to show the importance of this subject to the surgeon and its bearing upon the success of his .work.—*International Journal of Surgery.*

Father's Advice

"Well," cried Mrs. Henpeck, "our son is engaged to be married. We will write to the dear lad and congratulate him."

Mr. Henpeck agreed (he dare not do otherwise), and his wife picked up her pen.

"My darling boy," read the son, "what glorious news! Your father and I rejoice in your happiness. It has long been our greatest wish that you should marry some good woman. A good woman is heaven's most precious gift to man. She brings out all the best in him and helps him to suppress all that is evil."

Then there was a postscript in a different handwriting:

"Your mother has gone for a stamp. Keep single, you young noodle."—*Tit-Bits.*

At fifty miles
  Drove Ollie Pidd,
He thought he wouldn't
  Skid, but did.
—*Rome, N.Y., Sentinel.*

Physicians' Incomes

The Committee on Medical Economics of the Medical Society of the State of New York has made an interesting study from the returns of a questionnaire sent to members of the society, with the object of ascertaining the relation of physicians' incomes and the expenses of practice. New York and Brooklyn were separated and cities were classified as follows: more than 100,000 population, second class; 50,000 to 100,000, third class; less than 50,000, fourth class. Towns and villages were divided into large and small. The findings were as follows:

In New York City the incomes from general practice averaged $5,876.92, and the expenses $2,355.63; specialists earned $12,717.50, with expenses of $4,280.42, and part time specialists $9,022.71, expending $3,183.23. In Brooklyn the incomes from general practice averaged $5,691.35, expenses $2.161.72; specialists, $11,691.43 with expenses of $3,286.80, part time specialists $6,269.07, expenses $2,102.90.

In the second class cities the general practitioner received an average of $3,635.55, with an expense of $1,853.58; specialists, $8,604.16, with expenses of $2,502.38; part time specialists $9,037.50, with $3,011.75 expenses.

Incomes in the third class cities derived from general practice were $3,554.34, with expenses of $1,004.00. The specialists received $6,439.00, with expenses of $3,375.00, and the part time specialists, $10,745.00, with expenses of $3,687.50.

In the fourth class cities general practitioners received $4,766.40, with expenses $1,752.70; the specialists received $9,101.47, with expenses $3,774.86 and the part time specialists $8,544.33, with expenses of $2,759.18.

Incomes from general practice in the large towns averaged $5,275.88, with expenses of $1,729.96. Specialists received $6,175.00, with expenses of $2,700.00, and part time specialists $6,776.33, with expenses $2,078.75.

The small town general practitioner received $3,419.68, with expenses of $1,222,26; the specialists $3,575.00, with expenses of $1,125.00, and the part time specialists $4,666.66, with expenses of $1,466.66.

Institutional workers earned on an average $4,002.01, with an expense of $660.50.

It appears from these figures that while in New York City and Brooklyn the specialist wins the largest reward, throughout

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the state men who are engaged in general work and at the same time specialize in some branch of medicine earn the largest incomes. The *New York State Journal of Medicine,* in which the report was published, regards this financial advantage of the part time specialist as indicative of a healthy condition in the practice of medicine.—*New York Medical Journal.*

No Recreation for Her

A newly-married couple, visiting the groom's parents in Paris, decided to spend a day in the Art Gallery. It was suggested that they take with them the old black "mammy," who had been in the family for many years, but who had never seen the Louvre. "Mammy" was quite heavy and short of breath. Becoming exhausted, she told the young people that she would sit down and wait for them while they looked at the pictures in another part of the hall. It happened that "Mammy" chose her seat in the room occupied by the statuary, which as usual was displayed without drapery. Upon the return of the young folks, the groom asked her how she enjoyed the statuary. Whereupon "Mammy" exclaimed, "Oh, Lord, Honey, I'se undressed you and bathed you millions of times, and I'se undressed and bathed your daddy before you, so dese here tings aint no recreation for me."—*Harper's.*

Concerning a Comma

In his report of a fine arts exhibition at Paris, Edmond About wrote: "M. Lepere is skilful, educated, more than intelligent." Lepere inquired, by note, of the writer what he meant. "I suspect you meant to say that I am better educated than intelligent, and that the comma after educated signifies nothing." About replied: "The comma proves, sir, that I regard you as a man who is educated and more than intelligent." Lepere was not satisfied and appealed to the law to redress his grievances. About answered: "I am challenged to explain, and to say if that comma be a serious, solid, established, intentional comma, and if I meant to say that M. Lepere was both an educated man and a man of remarkable intelligence.

Fanning the *Flame* to put out the *Fire*

"***Fanning*** the ***Flame***," is exactly what is being done when ice packs are used in treating pneumonia. Cold applications to the chest will drive the blood from the superficial circulation to an already congested and engorged lung.

Antiphlogistine
TRADE MARK

applied warm and thick over the entire thoracic wall, ***relieves the congestion*** by increasing the superficial circulation. The ***cutaneous reflexes*** are ***stimulated,*** causing contraction of the deep-seated blood vessels. The overworked ***heart is relieved*** from an excessive blood pressure, ***pain and dyspnoea are lessened,*** the ***elimination of toxins*** is hastened and the ***temperature declines.***

Send for "The Pneumonic Lung" booklet

THE DENVER CHEMICAL MFG. COMPANY
MONTREAL

I hasten to declare that I was under that impression when I wrote my article a fortnight ago." And with this more than equivocal explanation the irascible Lepere had to be content.—*The Prescriber.*

Status Lymphaticus: Its Occurrence and Significance in the War Neuroses. [Amer. Archives of Neurology and Psychiatry]—*David, Thomas K.*

The author considers that the following signs constitute the so-called status lymphaticus state: bodily hypotrichosis in contrast to abundance of hair on the scalp, feminine type of pubic hair, velvety skin, a tendency toward abnormal length and narrowness of the thorax and slenderness in the long bones. He mentions that in the male these signs are evidence of endocrinal abnormality and constitute a partial heterosexualism.

Two groups of soldiers returned from the American Expeditionary Force were studied as regards the occurrence in each group of these "status" cases. Among 119 wounded soldiers the "status" type was found in 12.60 per cent., while among 114 soldiers not wounded, who had instead developed a psychoneurosis in France, the "status" cases were found to be almost twice as frequent (23.68 per cent.).

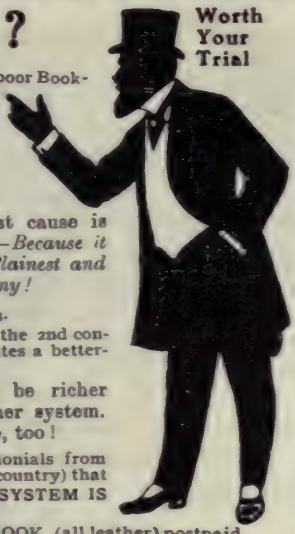
The author believes that these figures indicate that endocrinal abnormality increases susceptibility to the development of a psychoneurosis and, secondly, that since endocrinal abnormalities are chemical and physiologic it should remind us to emphasize the physiologic factor in the etiology of the war neurosis. On the other hand, because of the known association between status lymphaticus and certain psychopathic tendencies these figures bring new proof of a physical character, of the conception, that in the war neuroses, an initial weakness operative in the physical field, is essential.—*Journal of Nervous and Mental Disease.*

Heredity

"What is heredity?"

"Something a father believes in until his son begins acting like a darn fool."—*American Legion Weekly.*

Few Doctors Die Rich!
WHY?



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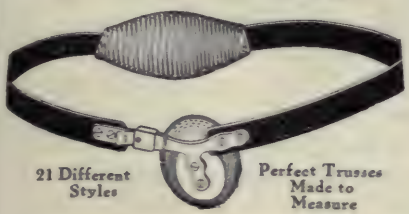

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The Scientist thinks: "It is not known why it does any good. It may do some harm."

The Empiricist says: "It has done good in other cases; it may in this."

The Scientist says: "I'll not treat the patient until I have made my diagnosis."

The Empiricist says: "I'll treat the patient and change my treatment when my diagnosis is completed."

The Scientist says: "The disease only is of importance."

The Empiricist says: "The patient is the most important."

The Public says: "We want the physician."—*J. A. M. A.*

Application for Position by a Hindu Babu

"Most Hon. Sir, Understanding that are several hands wanted in your honour's dept., I beg to offer my hand as to adjustment. I appeared for the Matric Exam. in Ooty, but failed, the reason for which I shall describe, to begin with my writing was illegible was due to climatic reason. Also, I beg to state that I am in very uncomfortable circumstances being the soul means of support of my fond brother's seven issues consisting of three adults and four adultresses, the latter being bane of my existence owing to my having to support two of my own wives as well as their issues of which by God's misfortune the feminine gender predominates. If by wonderful good fortune the few lines meet with your benign kindness and favourable turn of mind, I the poor menial shall ever pray for the long life and prosperity of yourself as well as your honour's posthumous olive branches, and I confidently hope that you will be please to grant my this humble request for which act of kindness I shall ever pray to God—a gentleman whom your honour closely resembles."—*Neptune Notes.*

One on the Caddy

Jones—Do you ever play golf, Miss Sportleigh?

Miss Sportleigh—Mercy, no, Mr. Jones; I don't know a thing about the game. I don't even know which end of the caddy you take hold of when you start to hit the ball.—*Judge.*

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Common Salt in Migraine

It has been found that half a teaspoonful or more of common salt, taken as soon as the premonitory symptoms of an attack of migraine begin to show themselves, will frequently cut it short in about half an hour. Similar treatment has also proved of service in epilepsy.—*Medical Brief.*

Use of Water in Childhood

Talbot is of the opinion that the use of water in childhood is a subject which is overlooked too much by physicians. He discusses its use in diarrhœa, pneumonia and intestinal intoxication.—*Boston M. & S. J.*

The Finger Abduction Sign in Radial Paralysis [Press Medicale].—*Boisseau, J.*

This paper states that when a patient with organic radial paralysis is asked to spread the fingers apart, the middle finger remains practically motionless while the distal phalanges of the second, fourth and fifth fingers, are slightly flexed and the thumb is moved toward the ulnar side, instead of outward. In hysterical radial paralysis either the fingers all remain motionless or they spread out to a greater or less extent in one plane, as under normal conditions; if the fingers are spread out passively

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by the examiner and the patient told that he will be able to keep them spread apart himself he will usually succeed in doing so. In mixed hystero-organic cases the abduction sign allows one to state that the nerve injury has not yet been repaired or, on the other hand, if abduction occurs normally, that recovery has taken place. If the patient says at first that he is unable to spread the fingers apart, suggesting a hysterical paralysis, passive abduction should be tried. If the fingers then assume the abnormal position characteristic of radial paralysis, repair of the nerve injury is proved to be not yet complete.—*Journal of Nervous and Mental Disease.*

Radium in Angiomas of the External Nose

Angiomas of the external nose are readily taken care of by radium, and the results are far superior to those obtained with the use of hot water injection or CO^2 (carbon dioxide) snow. In the basal cell epithelioma of the nose formerly was excised with a cautery, especially if the cartilage was involved. Later, if the condition was cured, a plastic operation was necessary to close the opening of the nose. Such growths, are now cleared up with radium with the smallest amount of deformity, if any. New.—*Radium*, October.

Train Wrecks due to Paresis

At the recent meeting in Atlantic City of the American Association of Railroad Chief Surgeons, one of their number made the startling assertion: "That four recent wrecks had been traced to engineers suffering from paresis.—*A. J. P. H.*

Safety First

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Lethargic Encephalitis

Chauffard (*Rif. Med.*, February 21st, 1920), after describing the now well-known symptoms of this disease, draws attention to certain special points. He says that whereas lymphocytosis was absent in previous years, the later cases have shown a fairly high percentage, sometimes associated with only a slight degree of hyperalbuminuria. Unlike the lymphocytosis of syphilitic or tuberculous meningitis, the type in question is temporary and may disappear. In lethargic encephalitis one may have (1) a series of inhibitory phenomena—for example, somnolence, ocular paralysis; and (2) an irritative series—for example, delirium, convulsions, myoclonus. Anatomically the chief seat of the lesions is in the cerebral peduncles, especially the locus niger. If there is any unity in the different types of the disease it must be sought in its pathogenesis rather than in its pathological anatomy. Probably it is allied to influenza and a nervous localization of that disease; the virus is probably filtrable like that of poliomyelitis and rabies. Encephalitis epidemica is held to be a better term than encephalitis lethargica, since stupor is by no means constant.—*B. M. J.*

The Rich Baby and Its Keeper

The family possessing simultaneously money and babies (such families undoubtedly do exist) will, in practically every instance, be found also to possess a nurse. The nurse may be "practical" or she may be just a maid; but she takes care of babies—ergo, she is a nurse. She comes highly recommended, she requires one day a week off, father pays a good round sum for her services,—ergo, she is a "high-class nurse;" she can be trusted.

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How often does this syndrome indicate a lesion not in the pediatrist, not in the baby, but in the irate mother herself. She can afford to employ someone whom she thinks she can trust, and who promptly goes her own pseudo-pediatric way unmolested except for occasional visits from members of the family for the purpose of fondling their baby (who may be getting less care, or worse care, than their pediatrist's poorest clinic baby). How often does the pediatrist come upon some "old and trusted nurse" who must sneak "a little castoria" or "a little paregoric" into the baby's unsuspecting bowels.

Such cases of unwary mothers and incompetent nurses are fortunately relatively infrequent. But they occur often enough to warrant constant vigilance on the part of the medical man in charge of the rich baby. He should bear in mind that the severe cases of (preventable) athrepsia are by no means limited to the poorer classes; that he must be strict in his insistence on the right treatment, whether his patient be rich or poor, though the former often require more punctilious watching of the step when a scolding is contemplated!

The health of the baby is purchasable. But no social order has yet been devised which permits a mother to delegate responsibility for her baby's well-being.—*Medical Record.*

Diphtheria Toxins

It would appear from the recent experimental work carried out by Ménard that the bacillus of diphtheria contains two toxic substances, namely, lipoids and proteins. Both orders are toxic, but differ in their effects. The lipoids, above all, produce local lesions. Injected subcutaneously, intravenously, into the trachea or peritoneal cavity, they invariably provoke local lesions characterized essentially by a rapidly occurring necrosis and fibrinous exudate. This combined necrosing and fibrinoplastic action should lead us to regard the lipoids as possessing an important part in the production of local complications in diphtheria, false membranes, and bronchopneumonia. On the other hand, the local action of the proteins is very trifling or nil. But when introduced into the circulation they are extremely toxic and possess a peculiar affinity for the nervous centres. The lipoids also possess the property of fixing to a certain extent the soluble toxin, and this toxin, when secondarily freed, may be the cause of serious tardy accidents.

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These experimental results have led Ménard to suppose that although diffusible toxin of the diphtheria bacillus plays the most important part in diphtheritic intoxication, the constitutive poisons of this bacterium must have a no less important action, the lipoids in producing local lesions, the proteins in causing general accidents, although it is as yet impossible to specify their exact nature. Finally, it is perhaps possible that the late occurring accidents of diphtheria are the result of the freeing of the soluble toxin fixed to the microbic lipoids themselves and to those of the tissues in which the organism pullulates or that it impregnates in remote parts. Antidiphtheritic or antitoxic sera have no prophylactic or curative action on the lesions determined by the constitutive poisons of the bacillus of diphtheria. It would certainly appear that this likewise applies to bactericidal sera in general. The practical conclusions of Ménard's experiments, given the present state of our knowledge, is that to the use of antidiphtheritic serum, whose exhibition should invariably constitute the basis of the treatment of diphtheria, the prudent application of selected antiseptics should be added, by means of spraying and irrigations, care being taken not to injure the mucosæ. This is also the best means of sterilizing the nasopharynx in germ carriers. —*N. Y. Medical Journal.*

Clinical Forms of Epidemic Encephalitis

Ronchetti (*Il Policlinico*, Sez. Prat., June 21st, 1920) describes four types of epidemic encephalitis—namely, a lethargic type, a type characterized by delirium, a spasmophilic type, and a neuralgic type. Of 32 cases recently observed by him, 24 presented the classical syndrome (consisting of lethargy and paralysis chiefly affecting the fourth and seventh cranial nerves) in an almost pure state or accompanied by only slight symptoms of delirium or neuralgia. In three cases the delirious syndrome, the neuralgic syndrome, and the syndrome of electric chorea respectively, existed in almost a pure condition; in three the myoclonic syndrome was associated with the classical type of lethargy and paralysis; in one case the neuralgic type was combined with the delirious type, and in one the myoclonic syndrome was associated with the delirious type.—*B. M. J.*

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The Surgical Treatment of Baldness

As the Transatlantic philosopher remarked, it may be that in years to come the emblem of faith will not be a loosely-clad female figure clinging to a wave-beaten cross, but a bald man paying large sums of money to a bald-headed vendor of a remedy for baldness. But although most, if not all, the remedies introduced for the cure of baldness strikingly fail of their purpose, it is difficult to believe that the wished-for result is unattainable. Measures such as massage, the application of irritants, even the electric cautery, artificial hyperæmia induced either by brisk brushing or by Bier's method of aspiration, could hardly fail to improve matters provided, of course, there be anything left to improve, that is to say, provided the root hairs have not undergone atrophy. We cannot "plant" hairs as we do cereals or grass seed, but Dr. Raymond Passot, of the Paris hospitals, has introduced, and is practising a surgical procedure which goes far to remedy the capillary lapsus. He takes two elongated flaps of hairy scalp, cut from behind forwards, but not detached behind, just above the ears, and tilts them into the middle line over the top of the head where room has been made for them. These flaps are taken from parts of the scalp which are virtually never attacked by calvitia, so that when the hair has attained a sufficient length it can be brushed down on each side, thus disguising the nakedness of the adjacent territory. Very accurate measurements must be taken for, on the one hand, we must leave a band of hair below, while providing a sufficient number of hair follicles above to produce the necessary growth of hair. If preferred, the operation can be carried out from before backwards, the bands of hairy scalp, with their hinges just in the temporal region, being tilted upwards towards each other, joining over the forehead. In this case the hair is brushed straight back. He claims to have operated in quite a large number of cases with pretty uniform success. Without wishing to impugn in the slightest either his procedure or his results the question everyone will ask is, whether we had not "better bear the ills we have than fly to those we know not of."—*The Medical Press.*

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Original Communications

RADIUM IN CERTAIN PELVIC CONDITIONS*

By W. H. B. Aikins, M.D., Toronto.

During the last few years the radium therapy of pelvic conditions has been advancing from the more or less experimental stage to that which it is generally recognized to be an important adjunct of and complement of other methods of treatment. The brilliancy of the results obtained in some instances has even led, in a few carefully selected cases, to its being substituted for these methods. When radium was first adopted for cancer of the uterus only completely inoperable cases were submitted to it, but experience of its encouraging results led to its routine use in border-line cases, and eventually to extension of the treatment to all cases of carcinoma of the uterus, including those of the cervix, vagina and vulva.

In addition to the benefit which has been derived from the use of radium in fibroids and cancer of the uterine fundus and cervix, it has proved itself to be extremely valuable as a remedy in states of being which are dependent upon some abnormality of the mucosa of the uterus, such as menorrhagia and metrorrhagia and allied conditions.

How radium influences cancer tissue is well expressed by Ewing—"Radium exerts its chief effect upon the cell nucleus, especially upon the dividing nucleus, by means of which the growth of the cells is inhibited and they undergo a peculiar form of liquefaction, necrosis, and atrophy. Another important principle of its action is the effect upon the underlying tissue in which the tumor is growing. It stimulates the growth of granulation tissue, which excavates the cells of the tumor and

*Read before the Academy of Medicine of Toronto, December 9, 1920.

causes a remarkable exudation of various round cells, the result being a natural and complete healing process."

At the French Gynæcological Congress, held in 1919, many favourable and encouraging reports of the results of radium therapy in the treatment of pelvic conditions were received from eminent radiologists, including Recasens, of Madrid, Fabre, Spinelli, Légueux, Bouffart and Faure, all of whom had had an extensive experience of such cases.

In the present paper I propose to consider the radium treatment of pelvic conditions under the following headings:—(1) Radium in Inoperable Cancer; (2) After Operation with the object of Preventing Recurrence; (3) Before Operation; (4) In the Initial and Latent Stage of Cancer; (5) In Menorrhagia and Metrorrhagia; and (6) For Fibroids.

1. Radium Treatment in Inoperable Cancer of the Uterus.

The indications for radium treatment in cases of inoperable and recurrent cancer of the uterus are now definitely established, and its unique position as the only method, which, in these cases, offers any prospect whatever of relief of the symptoms which render the life of the patient miserable and burdensome to her, is now universally recognized. In addition to this service, a number of cases of this kind have, from time to time, been reported as permanently cured under the treatment, the growths having disappeared, and remained without recurrence for five years or more. In estimating the results in cases which have undergone a surgical operation, cases are regarded as permanently cured which have remained without recurrence for a period of five years, and this may be taken as applying also to the results of radium treatment.

As regards the permanent cure of inoperable cases, experiences are not very favorable.

Some members of the French Gynæcological Congress, however, were able to report encouraging results. Faure, of Paris, has obtained excellent results in a number of inoperable cases, some of which still remain apparently cured five or six years after the cessation of the treatment. He has, however, great confidence in the improvement of the prognosis by a preliminary operation if there is the slightest possibility of performing this.

Recasens, of Madrid, has employed radium almost exclusively during the last six years in the treatment of cervical cancer. A large number of the patients who were considered to be inoperable may be regarded as cured, since they have remained well for periods of three, four and five years. In

addition to these cases, whom he describes as permanent cures, there are a fair number who may be described as clinical cures, in which no recurrence or metastasis has occurred; and others who, in the earlier days of radium therapy, would have been considered as so much improved that they might be regarded as cured, but recovery has been complicated by local recurrence of metastasis.

In considering the results in inoperable cases it should not be forgotten that in a large number of them the local condition has been so much improved by the radium applications that it has subsequently been possible to operate upon them successfully.

2. Radium Treatment after Operation.-

There is no longer any dispute as to the important part played by the application of radium after hysterectomy and other operations for the removal of cancer in helping to prevent recurrence.

3. Radium Treatment before Operation.

The importance of pre-operative irradiation is emphasized by Fabre, especially in cases in which the neoplasm is circumscribed. It is particularly recommended for border-line cases, with slight fixation of the uterus, which indicates an inflammatory reaction of the parametrium. Other writers are of opinion that the pre-operative application of radium tends to produce sclerosis of the parametrium, thereby rendering operation much more difficult. In reply to this objection Fabre states that he believes that this parametrial fibrous induration is more often than not due to faulty technique, especially defective dosage. The dose given should be fairly large. When dealing with cancer of the vagina it is essential to very carefully protect the vaginal mucosa, which is very sensitive to the action of the rays.

As the effects of the radium usually persist for about a month, and as it is inadvisable to operate until they have subsided, operation should be deferred until from three to six weeks after the applications. It may then be undertaken either by the vaginal or abdominal route, but where possible simple total hysterectomy should be preferred to very extensive hysterectomy, since the mortality of the latter operation is very high.

4. Radium Treatment in the Initial and Latent Stage of Cancer.

It is now generally acknowledged that radium plays an essential and important part in the treatment of developed cancer of the uterus, but so far we have been able to find in literature very few references to its employment in what may be called the initial and latent stage of the disease. As the view is generally accepted that cancer of the uterus, in common with cancer in other parts of the body, remains stationary in a circumscribed area during this early stage, and is at this time neutralized by the defensive forces of the organism, it is only reasonable that it is precisely at this stage of its development that we might expect to be able to attack the neoplastic cells with the most favorable prospect of being able to achieve their complete and permanent eradication. The assumption certainly appears justifiable that if it is possible to deal with the precancerous or initial condition in its earliest and therefore comparatively hopeful stage there is likely to be an enormous improvement in the results of treatment, and a great reduction in the mortality of cancer of the uterus.

At the recent Gynæcological Congress, Spinelli read an interesting paper on the subject from this point of view. Amongst the symptoms which should lead us to suspect the existence of a pre-cancerous condition or of latent cancer in the uterine mucosa are obstinate and persistent erosion which does not yield to ordinary methods of treatment, severe ectropion, a tendency to bleeding of the genital organs, leucorrhœa which cannot be ascribed to any clinically demonstrable inflammation, and above all, long-standing menorrhagia and allied menstrual disorders, which are not accounted for by the presence of any appreciable tumor. Other symptoms which should attract attention from this point of view are repeated abortion or sterility, for which no sufficient cause is discoverable, either in the general or local condition. In some of the cases of repeated abortion which have come under Spinelli's observation the history showed a cancerous heredity, but this does not apply to all of them. In some cases in which menorrhagia was a prominent symptom, histo-pathological examination of material removed by curettage of the endometrium showed either the existence of a pre-cancerous condition, of an adenoma, or of a collection of blastomatous fibres in a state of early evolution. In cases of menorrhagia it is advisable, as a routine procedure, to perform curettage of the endometrium and excision of any suspected tissues, the material obtained by curettage being always completely collected and examined microscopically.

Since the adoption of this method, Spinelli has been able in many cases to discover the presence of latent cancer, and to remove it early under favorable circumstances. Recently he has been in the habit of applying radium in these cases, at a period when the most excellent results may naturally be anticipated from it. The histo-pathological notes of the large number of cases which have come under his observation offer convincing proof that the process which forms the basis of these conditions is not merely one of simple inflammation, and a careful consideration of the microscopical appearances, taken in conjunction with the history, age and heredity of the patient, often confirms the suspicion that the case in question is in reality one of latent cancer. The rôle of radium treatment in dealing with these early and latent cases is of the utmost importance, as at this stage there is a possibility of radical cure of cancer of the uterus without the risks of an extensive and destructive operation. Spinelli has treated seven cases of this kind, which up to the time when the report was made all remained clinically cured.

Variation in results.

The brilliant results obtained in many cases, notably in those of cancer of the cervix, and the failure of others to respond to the treatment, have led to a discussion as to the reason why some of them yield so readily to the rays, whilst others, in spite of prolonged persistence in the radium applications, oppose an obstinate resistance to them, and are influenced —even if influenced at all, only with extreme difficulty.

Recasens, of Madrid, has investigated four hundred cases of cancer of the cervix which he has treated by radium since 1913. Microscopical sections of cancer from various localities show that, although the growths apparently all consist of the same elements, there are really certain differences in their structure, as manifested by corresponding variations in evolution and response to methods of treatment. In this connection there is apparently a direct relationship between the effect of radio-active substances and the genetic activity of the cells influenced by radium, a greater reproductive activity of the cells corresponding to a more marked and obvious effect of the rays. This is not what is described as the elective effect of radium upon cancer cells in general, but with a more marked effect of radium on cells which are endowed with an extraordinary capacity for reproduction. Cancer of the uterus, especially when localized in the cervix, assumes various anatom-

ical forms, the cells of the neoplasms possessing different degrees of genetic activity, and consequently differing in their degree of susceptibility to the action of radium and other radio-active substances.

(*a*) Cancers with excrescences or papillary out-growths, the abundant vegetations of which sometimes practically fill the vagina, contain a considerable number of epithelioid cells, which are capable of rapid reproduction. In agreement with what has been said, they respond most rapidly and completely to the influence of radium, and give a comparatively large number of permanent cures.

(*b*) In the structure of the ulcerative form of cancer of the cervix there are also cells of very great genetic power, the indurated tissue, which forms the basis of the ulceration, being infiltrated by epithelioid cells. As a result the curative effects of radium applications are almost as marked as in the former case, but manifest themselves somewhat more slowly, owing to the facility with which ulceration may extend to the parametrium from its base.

(*c*) A third form of cancer of the cervix is what is known as the laminated type. It represents a superficial form of neoplasm, which extends slowly in depth, and a curative result from the application of radium is not so common as in the two varieties previously referred to. Recasens, who at first found it difficult to influence favorably this form of cancer, subsequently found that the most successful results were obtained by the use of radium tubes and plaques occupying the whole extent of the neoplasm in a similar manner to the technique employed in dealing with cancer of the skin. This alteration in technique has greatly improved his results in these cases, so much so that he has arrived at the conclusion that many of his previous failures were due rather to defective technique than to defective action of the radio-active substances.

In addition to the differences in results owing to variations in the structure of the neoplasms, we sometimes meet with cases which apparently resemble one another in their anatomical and pathological characteristics, but differ clinically, and also exhibit definite variations in their response to treatment. While some of them show definite signs of improvement from the very first application of radium, others are extremely resistent to its action, and exhibit a manifest tendency to local recurrence or metastasis. In other cases again the treatment at first is apparently a failure, but there is subsequent improve-

ment, sometimes even amounting to complete cure, without there being any difference in the treatment to account for it.

These mysterious variations indicate the presence of some local or general factor in the organism itself, which resists or favors the action of the radio-active rays, and if this factor could be definitely determined it might greatly increase the probabilities of cure.

It has also been established that in many cases submitted to treatment by radium, improvement, and sometimes clinical cure, occurred much more rapidly if for some time previously the patients had been given intravenous injections of colloidal copper, which tends to increase the susceptibility of the epithelial cells to the action of the rays.

5. Radium in Menorrhagia and Metrorrhagia.

Practically all gynæcologists agree, to-day, that in menorrhagia and metrorrhagia, most brilliant results can be obtained by their treatment with radium.

Let me mention the main causes of this uterine bleeding. The hæmorrhage may be due to the following: (1) Pelvic inflammation; (2) retro-version, which may be complicated with cystic ovary, infantile uterus, etc.; (3) ulcer-acid conditions, such as carcinoma, polypus, pedunculated submucous fibroids; (4) and last, fibromyoma of the uterus.

Previous to the employment of radium, numerous types of treatment were used with various degrees of success, owing to the fact that some of the conditions which are due to pelvic inflammation and fibromyoma are very resistent, even after curretting. Radium, however, during the last few years has come to the front as the treatment for menorrhagia and metrorrhagia. Paul de Grais of Paris says that after carefully observing many cases under treatment, he is warranted in stating that when these conditions "are caused by hæmorrhagic metritis, uterine sclerosis or fibromata" radium is able to secure a cure. That when one compares the simple radium treatment of to-day with its results, and the previous treatment and its results, radium deserves a high place in gynæcology and may be considered "as a true uterine styptic."

Since 1915, radium has been used at the Mayo Clinic as treatment in cases of hæmorrhages of the menopause. Dr. Leda J. Stacy in making her report, which supports my own experience, says "that radium is the treatment of choice in: (1) Cases of menorrhagia of the menopause not associated

with large fibroid tumors, and in which the possibility of carcinoma is definitely eliminated; (2) cases of menorrhagia in patients between the ages of thirty-five and forty years who have small submucous fibroid tumors, or who have no demonstrable lesions; (3) cases of myomata in which there is a definite contraindication to operation; (4) cases of menorrhagia in the young person which have resisted all medical treatment." You will notice that this last class is modified by the phrase " which have resisted all medical treatment." It is in this one class only that radium must be used very carefully and in very small doses, because, radium, if applied in large doses, is apt to bring on a premature menopause or amenorrhea, which upsets the nervous system of the young woman. This report further confirms what we know of the action of radium on hæmorrhages and fibromyomata.

6. Radium in Fibroids.

Fibroids whose chief characteristic also is uterine hæmorrhage, respond favorably to radium treatment. Kelly of Baltimore states that in his experience almost every case of uncomplicated fibroids will be benefited by radium. This " comparatively new, non-surgical method of treatment " will not only shrink or make the tumor mass disappear, but will stop the hæmorrhages together with the menses either temporarily or permanently. As radium has no mortality rate *per se,* it has the advantage over surgery, which was formally the treatment for fibroids. This, although a major operation, is attended by a certain amount of risk at all times.

M. Beclère of Paris in his work on " La radiothérapie des fibromes utérins; indications, mode d'action et résultats, d'après une statistique de 400 observations personnelles " declares that the scope of radium therapy in the treatment of uterine fibromata ought to be greatly enlarged. That with the exception of a few cases which absolutely demand surgical intervention, radium is applicable to all uterine fibromata.

So, gradually, gynæcologists are coming to agree with Degrais that " All of these conditions, whose principal symptom is uterine hæmorrhage, are curable by radium."

134 Bloor St. West.

References.

Fabre: Arch. Mensuelles d'Obstetr, 1919, XL. 641.
Faure: Arch. Mens. d'Obstetr, 1919, XI. 646.
Recasens: Arch. Mens. d'Obstetr., 1919, XI. 676.

Spinelli: Arch. Mens. d'Obstetr, 1919, XI. 654.
Ewing: American Journal of Roentgenology, September, 1918.
Paul de Grais: Canadian Practitioner and Review (Revue francaise de gynæcologie et obstetrics, décembre, 1919).
Leda J. Stacy: Minnesota Medicine, March, 1919.
Kelly: Journal of the Medical Society of New Jersey, May, 1918.
Beclère: Gazette des Hopitaux, 29 Avril, 1920.

HOSPITALS AND GROUP MEDICINE IN THE WEST

By Robt. E. McKechnie, M.D.
President Canadian Medical Association, Vancouver, 1920.

Present day practice is so bound up with hospital work that it is hard to separate them; the doctor and the hospital are as inseparable as the parson and the church, and yet each can do good work without either hospital or church.

But the majority of our practitioners are close to hospital conveniences, so if I point out how the west is blazing the way to public service through its hospitals I will be but showing you the work of the profession from another angle. I shall take Saskatchewan as an example.

This province has the same problems confronting it as are found in the other western provinces. Here, men, women and children constitute her greatest wealth, and so conservation of health is also conservation of wealth. Realizing this she has attacked the problem in a vigorous and highly creditable manner. Undoubtedly the best work of the medical men can be accomplished in hospitals, and so this western province has essayed to give her medical men the best opportunities to care for the health of her people. It was realized that the old method of maintaining hospitals by voluntary contributions had proved inadequate. The Union Hospital Act was therefore enacted whereby two or more municipalities could co-operate in establishing rural hospitals. Authority was given to issue debentures to furnish the money to build and equip these hospitals while the interest on the debentures as well as the expense of administration is to be met by a tax on the municipalities. This tax really works out as a small amount, about $3.12 per quarter section, so that the whole community pays

for this service. Residents in the municipalities are not charged for their hospital care, they are not charity patients, they pay for it through their taxes. An X-ray equipment is furnished with a trained nurse to run it. A small laboratory is also available where ordinary examinations can be made by the doctor, while for special work arrangements are made whereby specimens are sent to the Public Health Laboratory in Regina, where the pathologist makes his examinations and forwards his report promptly.

But how about our hospitals in the larger centres? Those connected with the medical schools find their service in providing facilities to students to obtain their clinical training. Such hospitals must necessarily be closed hospitals if they would hope to do the best work. I have no criticism to offer about this class. There are other large hospitals whose service is limited because their benefits are limited to but a small number of the practitioners in their district, and if we try to disarrange this system we are apt to disturb a hornets' nest. Those doctors who are specially benefited by a closed system will naturally oppose any change. The hospital authorities will say it is much easier to run a hospital with a limited number of attendants. The ward nurses will say it is ever so much easier to look after a ward filled with one doctor's patients, than if ten or a dozen are giving orders and each with his own pet fads to be remembered. The operating-room nurses will tell the same tale, for one wants chromic gut when another wants plain; where even the instruments that will suit one will be turned aside by another. But because a service is easier is not proving that the more difficult plan is not better. If it is better then the public has a right to demand the best.

The true physician should be more zealous of the honor of his profession than of his own personal interests. Broadening the service of our hospitals in order to be a greater benefit to the community at large, will undoubtedly redound to the honor as well as the benefit of the whole profession.

Perhaps a concrete example will best illustrate my argument. For this example I will take the Vancouver General Hospital with its 1,300 beds, the largest hospital in the Dominion.

A glance at the doctors' register would show that one hundred or more doctors each day visit the hospital.

Some of these doctors are on the staff, the majority not. Every doctor in good standing in the community can send his

cases in, whether paying or not, and can attend them, whether paying or not.

The hospital itself is equipped with a pathological laboratory in charge of a skilled director and a full staff. There is an up-to-date X-ray department in charge of an expert. There are electrical, hydro and physico-therapy departments, properly equipped and properly run.

Now, what happens when a doctor not on the staff sends in a non-paying patient? That patient has as much claim on the services of the hospital as the paying patient of a staff man, and gets it. The whole services of the hospital are put at the disposal of the youngest doctor in the city, for the benefit of the patient and for the benefit of the doctor. Is it not to the interests of all that every doctor should have every aid which will help him in his work?

How long does it take the beginner to get even a moderate outfit, how many old practitioners ever get a full outfit? The full outfit is only found in the well equipped hospital and is paid for by the public. Every member of the public has a right, then, to the full use of that equipment whether his physician is staff or non-staff, whether the patient is paying or non-paying. This is service, and is the kind of service the Vancouver General Hospital is giving to its public, and to its visiting doctors.

We hear to-day much about group medicine. A group of doctors representing the various branches of medical work get together, form a company or association and proceed to run the practice of medicine as a close corporation. It would not be attempted if it were not money-making, hence selfishness is at least one of the underlying reasons why these clinics are started. While such clinics can be, and are run honorably, and good work is done, still the system is susceptible to great abuse and many are already earning unsavory reputations. If we would avoid evil we should also avoid the appearance of evil. Yet such clinics undoubtedly in some localities fill a want and furnish a service.

I like the idea of group medicine, but not that kind, not the selfish kind. With a well equipped hospital giving equal facilities to all, there is no need for a private clinic, but each doctor practising in the community will belong to this great public group and will enjoy all the advantages which can be furnished by a private group, and the whole public will benefit accordingly.

Editorials

THE TREATMENT OF CANCER

There has been nothing new or startling regarding the treatment of cancer since we made certain comments on the subject in our October issue. The various research institutes and societies for the "control of cancer," especially those in New York, are still at work. As far as treatment is carried out in our hospitals and in private practice, the best informed still rely chiefly on the knife, radium, X-ray, and the use of certain remedies such as copper preparations and various kinds of serum.

We have been promised a report from the Academy of Medicine of Toronto regarding a certain serum. This promise was pretty well advertised, and portraits of the members of the investigating committee appeared in the public press. From all parts of Ontario, or perhaps more correctly speaking, Canada and the United States, come urgent inquiries regarding this report. Perhaps they have nothing yet to report. If not, a definite announcement to that effect is, we think, urgently needed.

Since the above was written, a report has been published. It is very good but a little too much like a lawyer's brief. But as Dr. Glover, most unfortunately and inadvisedly (in my opinion), put himself "out of court," the committee can hardly be blamed for the tone of its report. However, many of us think a plain statement of facts which would have been unanswerable would have been the best

under the circumstances. Lord Fisher's "nevers" (which, I believe, came originally from Jowett) might be considered, especially one—"never explain." However, apart from such criticism as to form, the general verdict from the profession is favorable.—A. H. W.

PRENATAL CLINICS

Our active M.O.H. in Toronto is still full of energy and apparently somewhat younger than when first appointed. He has recently established Neighborhood Prenatal Clinics in the city of Toronto. He had this in contemplation for some time, but did not take action earlier because of the lack of available physicians during the war. He found that at least eighty per cent. of the expectant mothers have not, in the past, consulted a physician before the time of confinement. The object of the clinics is education by demonstration. Every effort will be made to teach pregnant women the need of supervision, and to induce them to endeavor to obtain such supervision under the care of their family physicians.

DEATH FROM "NEODIARSENOL"

On the evening of January 8th a young woman, aged 22, received an injection of this remedy in the office of Dr. J. H. McConnell, Toronto. Shortly afterwards, saying that she felt quite well, she left the office. After walking about fifty yards she fell unconscious on the street, was carried into a drug

store, and died in a few minutes. After she left, another patient received a similar injection. She soon showed serious symptoms, became faint, and also died within a few minutes.

Dr. McConnell happens to be one of our best-known physicians. He is able, progressive and careful, and has had a large and varied experience in the use of this remedy. The material used by him was procured from the Synthetic Drug Company of Toronto, which manufactures the remedy under license from the Dominion Government, with special provisions for careful inspection from time to time.

We have neither the right nor the inclination at the time of writing to make any comments. The matter is being carefully investigated by Coroner Dr. George Graham and a "specially selected" jury. (A surprise came, January 20th, when it was proved that a mistake had occurred in Dr. McConnell's office, and that Diarsenol instead of Neodiarsenol had been used.)

THE UNIVERSITY SITUATION

There appeared an article recently in the Toronto *World* on Toronto University. That paper has a good understanding of University matters, is friendly disposed, and its articles are always worthy of consideration. It says:

"After years of work, in which the late Edward Blake and Sir William Meredith did the bulk of it, the Ontario Legislature passed legislation in favor of university federation."

This is not quite correct, as Mr. Blake had almost,

if not quite, nothing to do with the negotiations which led up to federation. Although he did not oppose it, it was supposed that he was rather lukewarm in the matter, as his sympathies were with Sir Daniel Wilson, and the friends of University College, who preferred the old order of things. The man who really carried on the negotiations regarding federation was Sir William Mulock, as the officials in the various affiliated colleges and universities well know.

In those days, the senate was the governing body of the university, and it was a stronger and more representative body than the present board of governors. Chancellor Blake was *ex-officio* chairman of that body, but Vice-Chancellor Mulock, elected by the senate, was the acting chairman as a rule. Mr. Blake, however, always considered that he had the right to act as chairman when he chose, which was a simple fact, and he did act as chairman during what was known as the Reconstruction of the Medical Faculty. Sir William Meredith had no active duties in the University until 1895, when he became a member of the senate. For five years he was recognized as one of its most important members, but as a rule took no active part in its discussions or deliberations. In 1900 he became Chancellor, being elected by acclamation by the graduates. Since 1900 he has taken a deep and active interest, and probably had much to do with the final negotiations which brought Trinity into the federation, although he did his work in that regard in a very quiet way. As a matter of fact, he possesses rare discretion with great ability, and can accomplish more good, and make less noise about it, than could

Edward Blake, notwithstanding his great mental capacity.

So far as we understand the situation, there is a general desire that Sir William Meredith should retain his present position, and an equal desire that we should come back to the old system of representative instead of autocratic government.

C.A.M.C. REUNION

What is known as the "Army Medical Corps Garrison Mess," held its annual dinner at Hart House, University of Toronto, on the evening of January 10th. It was a large assemblage, and the function was a great success in every respect. We are told that the speeches of the evening were delivered by the Hon. Dr. Cody and Professor Irving Cameron. The former responded to the toast, "Canada and the Empire." Colonel Cameron responded to the toast to "The Army Medical Corps." We are told that he gave a mass of statistics showing the great advances in medical science, and detailing some of the splendid results achieved during the war, when among the Canadian troops the mortality and casualties were the lowest ever recorded in any war.

We are also told that nearly all present were delighted with the tribute he paid to General Fotheringham. He assured his audience in the most positive way possible that those efforts were never half appreciated by the Canadian people. It seems rather a strange coincidence that he should have

spoken so positively in this regard within the walls of that institution whose authorities not only showed no appreciation of his acts, but, on the contrary, treated him with absolute indecency.

TORONTO MUNICIPAL ELECTIONS

We read that in the recent elections for the School Board of the City of Toronto two physicians, former trustees, were defeated, namely, Dr. John Noble and Dr. Caroline Brown. Certain charges of extravagance were made against the Board in recent years. Drs. Noble and Brown made a vigorous defence of the Board's various acts. Mrs. Courtice also joined in the defence. Without any desire or intention to enter into the controversy, we have to state the fact that the School Board has lost three of its most valuable members.

We are glad to note that Mrs. Hamilton has been re-elected an alderman in Ward 3, and also that Mrs. Sidney Small has been elected in Ward 4. These two women possess exceptional ability and great energy. Their intimate knowledge of all matters pertaining to what is known as social service make them exceptionally well fitted for membership in the Council of the City of Toronto.

ONTARIO MEDICAL ASSOCIATION

The forty-first annual meeting of the Ontario Medical Association will be held at the Clifton House, Niagara Falls, May 31st to June 3rd, under the presidency of Dr. J. H. Mullin, of Hamilton.

It can hardly be said that Niagara Falls, Ontario, is in all respects a good place for holding a medical meeting, but it is, of course, a beautiful spot, and in early summer generally looks its best. It will be remembered by many that the meeting held there in 1911, under the presidency of Dr. Casgrain was, in every way, charming and successful. The most serious drawback is lack of hotel accommodation. We understand, however, that the local committee, which is a very energetic one, will make a strenuous endeavor to provide accommodation for all.

At a special meeting held in Toronto, December 7th, the annual fee was increased from two dollars to five dollars, the increase coming into effect this year.

News Items

Miss Myra Goodeve, R.R.C., and Miss Mildred Robertson, late matron and assistant matron of the Dominion Orthopedic Hospital, Christie Street, Toronto, announce that they have taken over the private hospital known as "Lynhurst Hospital," 100 Yorkville Avenue. Nurses who are graduates of General Hospital Training Schools are in charge of the operating room and of the surgical, medical and maternity wards.

This hospital, under the management of Miss Powers, attained a very enviable reputation, and we predict that the new regime will be quite as successful.

We regret to announce that Dr. Graham Chambers is very seriously ill, largely, if not entirely, because of worry induced by the action of the University of Toronto. It is generally known that Dr. Chambers' chief aim in life was to excel in the teaching of Medicine. For that reason he took the course of science in the University, devoting special attention to chemistry. In practice he devoted himself chiefly to Medicine and was, undoubtedly, one of the best teachers of Medicine, especially clinical Medicine, in Toronto. He, like Fotheringham, sacrificed much for his country and, so far as the University is concerned, he was simply kicked out of the Faculty or deprived of his work in the Faculty in an extremely cruel way.

Certain people are reminding us that there was a third rather singular incident somewhat similar in character. A Professor of Chemistry who did magnificent work for his country during the war found his position filled when he got back to Toronto.

The following have been elected honorary members of the Academy of Surgery, Detroit: Drs. H. R. Casgrain of Windsor; Charles Nancrede, Ann Harbor; T. A. McGraw, Detroit, and John Wishart of the Western University, London, Ont.

Personals

Professor C. S. Sherrington has been elected President of the Royal Society of Great Britain. He is considered by many the foremost physiologist now living.

Dr. James Johnson, who was married to Miss Mabel Lidey, January 15th, is now living at 6 Washington Avenue, Toronto.

Dr. W. H. Peplar has been elected Chairman of Convocation of Trinity College for 1920-21.

Dr. Charles D. McCulloch is now practising at Wellington, Ontario.

Dr. Ada Speers of China has come to Canada with the intention of doing post-graduate work in Montreal and Toronto.

Dr. Harold Wolverton, who graduated in 1908, is now in charge of the Baptist Hospital of Kistna District, India.

Dr. W. B. Bow is now practising in Cleveland, Ohio.

Dr. Victor Graham, who was married November 27th to Miss Maguire, is now living at Ranelagh Avenue, Bedford Park, Toronto.

Dr. George R. D. Farmer is now in Paris, France.

Dr. Hector C. McAlister, who graduated in 1916, has commenced practice in Winnipeg.

Dr. R. H. Mullin, who has been for some time bacteriologist to the Vancouver General Hospital and the University of British Columbia, has been appointed Professor of Hygiene in the University of British Columbia.

Dr. A. C. Anderson has been appointed bacteriologist in the Queen's Park Laboratories of the Provincial Board of Health.

Dr. Hugh W. Johnston, of Fort Frances, has been appointed Officer of Health for District No. 8, recently created.

Dr. George D. Porter, of Toronto, delivered a number of lectures on tuberculosis in Western Ontario in November.

We are glad to announce that the latest reports from Dr. Allen Baines, who is still in Jamaica, are very favorable. We understand that he is likely to remain there for some time yet.

Obituary

DEATH OF MRS. FOTHERINGHAM

We have to announce with deep regret the death of Mrs. Fotheringham, wife of General John T. Fotheringham, M.D., which occurred at her home, Wellesley Street, Toronto, January 24th.

Dr. Hugh McCallum, of London, died of pneumonia, January 25th. Obituary will appear in next issue.

WILLIAM JOHN GREIG, M.B

We have to announce with deep regret the death of one of the most intelligent and highly respected physicians of Toronto, Dr. William J. Greig, which occurred after long illness at his home on Sherbourne Street. He graduated from the University of Toronto, B.A., in 1882, and M.B. in 1885.

After completing his medical course, he spent some time in Edinburgh and London and passed the examination for L.R.C.P. (London) in 1886. He then returned to Canada and settled in Toronto, where he continued in active practice up to the time of his last illness.

GERALD O'REILLY, M.D.

Dr. Gerald O'Reilly, of Hamilton, died suddenly at the home of his sister, Mrs. (Dr.) Kittson, of that city. He had been in poor health for a long time, but especially during the last year, when he suffered from a painful form of rheumatism, which did not, however, prevent him from continuing his professional work. He worked on New Year's Day in his office and returned to his sister's house about 9.30 quite cheerful and apparently well. After taking his supper about ten o'clock he retired to his room, and about 12.30 his sister, hearing a noise, went into his room and found him lying on the floor, fully dressed. He was quite sensible and told his sister that he had fallen over suddenly while reading. Neighbors were called in

and he was put to bed, but soon lapsed into unconsciousness and died about 2 a.m.

He graduated from Trinity University in 1879, and, after spending one year as resident physician in the Toronto General Hospital, commenced practice in Fergus in partnership with the late Dr. Orton. He soon acquired a very large practice, which taxed his physical endurance to an almost breaking point. He then removed to Guelph and finally to Hamilton about nine years ago. He had great ability, good address, a pleasing personality, was always much liked by his acquaintances and greatly beloved by his patients.

JOHN BEATTIE CROZIER, M.D.

Dr. John Beattie Crozier died in London, England, January 8th, aged 74. He was born near Galt, educated at the Galt Grammar School and Toronto School of Medicine, graduating with Drs. Fred. Wright, Zimmerman, John S. King, Armstrong, McLellan, etc., in 1872. He went over to England and was in London for a time with Osler, Zimmerman and Fred. Wright. He had great ability but never practised medicine to any extent. He became a philosopher, political economist and writer.

HENRY BOYS NICOL, M.D.

Dr. H. B. Nicol died suddenly at his home, 1049 College Street, Toronto, January 3rd. He was a son of the late Dr. William Bulmer Nicol. He graduated M.B. from the University of Toronto in 1864.

SHELDON A. MORAN, M.D.

Dr. S. A. Moran, formerly of Consecon, Ontario, but for the last ten years a practitioner in Toronto, died December 21st, aged 42. He had a nervous breakdown about four years ago, from which he never fully recovered.

R. J. B. HOWARD

Dr. Bliss Howard, a son of the late Dr. Palmer Howard, Dean of the Medical Faculty of McGill University, Montreal, died in London, England, January 9th. He was married in 1888 to a daughter of Sir Donald Smith, afterwards Lord Strathcona. He is survived by his widow, two sons and two daughters.

EDWARD L. ATKINSON, M.D.

Dr. E. L. Atkinson, of Gananoque, died at the residence of his daughter, Mrs. Rogers, wife of Dr. J. T. Rogers, Hamilton, January 6th. He graduated M.D. from Victoria University in 1866 and practised many years in Gananoque, later, however, going into the steel business in that town. Recently, because of illness, he lived with his daughter in Hamilton.

SIR WILLIAM PETERSON

Sir William Peterson, former Principal of McGill University, died in London, England, January 4th, aged sixty-four. After a stroke of apoplexy nearly two years ago, he had paralysis. He rallied to some extent and was soon able to travel back to England, where he spent the remainder of his days.

HUGH S. BINGHAM, M.D., L.S.A. (DUBLIN)

Dr. Hugh Bingham died at his home, 523 Dovercourt Road, Toronto, December 29th. He graduated from Trinity University in 1885 and then took a post-graduate course in London, Edinburgh and Dublin. On his return to Canada, in 1887, he commenced practice in Cannington, where he remained for thirteen years. He then went to Toronto and remained there until the time of his death, which occurred after a lingering illness. Dr. George A. Bingham, of Toronto, is a brother.

Book Reviews

Human Parasitology, with Notes on Bacteriology, Mycology, Laboratory Diagnosis, Hematology and Serology, by Damaso Rivas, M.D., Ph.D., Assistant Professor of Parasitology and Assistant Director of the Course in Tropical Medicine, University of Pennsylvania. Octavo volume of 715 pages, with 422 illustrations and 18 plates, most of which are in colors. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $8.00 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

In this age of specialism it is no surprise to learn that a book of over 700 pages is required to give even a brief description of the parasites which infest the human body. Fortunately, a vast number of them are very rare, but it is necessary to chronicle them and to arrange them in their proper class, so that they may be easily referred to. This is the purpose of the present volume, which is a reference book of the greatest value.

Outlines of Internal Medicine, for the use of nurses and junior medical students, by Clifford Bailey Farr, A.M., M.D., Professor of Gastro-enterology, Graduate School of Medicine, Associate in Medicine, Medical Department, University of Pennsylvania, etc. Third and revised edition. Illustrated with 70 engravings and six plates. Lea & Feliger, Philadelphia and New York, 1920.

This book has become a standard for nurses, and when a third edition was necessary the author took the opportunity of bringing his information up-to-date and adding the weight of his experience. But the general plan is unchanged, for it has been found to be the most useful for nurses.

Correspondence

COLONEL ALBERT CARLESS, C.B.E., M.B., M.S.Lond., F.R.C.S.Eng., F.A.C.S., Etc.

The Editor of The Canadian Practitioner and Review:

Dear Sir: In your next issue you will doubtless publish a correction of the misspelling of Colonel Carless's name in connexion (please don't allow the compositor to spell this word with a "et" instead of an "x") with his delightful "Reminiscences of Lister and War Work." This typographical error has occurred in other Toronto medical journals also, from which it may be inferred, perhaps, that the Corliss engine is "running in the typesetters' heads." However that may be, it was careless on the proofreader's part not to stop it. The family, too, probably has been careless in this matter, or possibly careful, for Lower in his work on English Surnames, Vol. 1, page 153, gives the original name as "Careless." It is another interesting reminiscence, too, that Sir James M. Lemoine in his "Essay on the Scot in New France," I think, traces the connexion of an Irishman, Jean Baptiste Reil or Reilly, who was surnamed Careless or Sans Souci, born in St. Peter's Parish in the City of Limerick, and married at Isle du Pads on the 21st of January, 1704, as a direct ancestor of Louis Riel of Red River infamy; and suggests that this circumstance may "account for the close friendship subsisting between Riel and O'Donohoe." (See John O'Farrell's Address to the St. Patrick's Society, Montreal, 15th January, 1872.)

Medical men and students who for the past two-and-twenty years have grown accustomed to see upon their shelves the names of Rose and Carless upon the back of their favorite Textbook of Surgery, now in its tenth edition, will be surprised to see an unaccustomed spelling of the familiar name at the head of the first article in your December and January issues.

In view of the facts that Colonel Carless lost both his sons in the war, and that he is now devoting his life and energies to the rescue of boys and girls in Dr. Barnardo's Homes, we all may well, with one accord, thank him for this article, and express the hope that the rest of the writer's days may be *pleine de reminiscences gracieuses et sans souci.*

Faithfully,

(Signed) I. H. Cameron.

Selections

EPILEPSY TREATED WITH LUMINAL

By Harvey M. Watkins, M.D., Palmer, Mass.
Assistant Physician, Monson State Hospital.

The treatment of epilepsy has always been unsatisfactory. Each year we see new drugs and new combinations being introduced. Before the war a new product, luminal, appeared on the market. This was used at the Monson State Hospital during part of 1913 and 1914, after which it could not be obtained. Since then it has again appeared and various assertions have been made for its use, particularly in epilepsy.

Class of Drug and Dose.

Luminal, known chemically as phenylethylmalonylurea, belongs to the same class of drugs as veronal, trional and barbital—the so-called ethylated compounds. It was first made in Germany, but recently has been made in this country. It is made in two forms, tablet and powder. In epilepsy the dose varies from three-quarters to one and a half grains twice daily in tablet form, although the powder form, luminal sodium, may be used subcutaneously, five to ten grains in freshly prepared solution.

My observation with luminal covers a period of three months, February, March and April of 1920. During this time I have administered the drug to twenty-two patients, no other medicine being used except an occasional laxative.

Among the first symptoms noted following its use was the constant and almost universal complaint of sleepiness and drowsiness. These later developed into various symptoms resembling those of bromism—dizziness, depression, mental apathy, confusion, memory defects, hallucinations and delusions. At the end of two weeks the drug was reduced one-half in seven patients who showed the more marked symptoms of bromism, but the symptoms persisted, although with less severity. In two cases it was necessary to withdraw the drug entirely at the end of one month, on account of the development of severe mental symptoms.

The most marked effect of the drug was noted in the decrease in the number of convulsions. This effect was notice-

able the second and third days following its administration. There was a decrease in the number of convulsions in every case with the exception of two, in which there was an increase. The seizures were greatly reduced even in the two cases in which the drug was entirely withdrawn after a month.—*New York Medical Journal.*

The American Hospital in London

The decision has been arrived at to take an important step in the advancement of the scheme for the foundation of the American Hospital in London. Within the next few months a building suitable for a hospital of thirty beds will be provided, as a nucleus for carrying the scheme into practical operation. At present the intention of the Managing Committee is not to proceed with the erection of an institution for the purpose, owing to the inflated cost of labor and material now prevailing. It may be as well to refer here to a misconception which has gained some currency in respect to the selection of the medical staff of the American hospital. While seventy-five per cent. of the management will be in the hands of American citizens, the whole of the medical staff will be chosen from among the most representative members of the profession in this country. This has already been pointed out, but it does not seem to be generally understood. It is not proposed to offer any inducements to physicians and surgeons from the United States to compete for these appointments. The important move, to which reference is made above, has been rendered possible by the liberality of Mr. Pierpont Morgan.—*Medical Press.*

Sir Auckland Geddes and Canada

It was a source of regret, we learn from the Canadian Practitioner and Review, throughout the whole of Canada, that the appointment of Sir Auckland Geddes at Washington prevented him from becoming President of McGill University. While professor of anatomy at McGill, it was there recognized, our contemporary observes, "that he was both an able professor and a big man educationally in every way." But the regret thus expressed carries with it, we suggest, some consolation. Sir Auckland may owe his promotion as British Ambassador to the United States, in some measure at least, to valued ex-

perience gained during his professorship in the Dominion. His position as professor of anatomy must necessarily have brought him socially into contact with the leaders in politics, science, and the representatives of other departments in the Dominion, with whom an interchange of opinion would enable him to draw a comparison with things as they exist in this Island Kingdom, leading to suggestive advancements, and the framing of a policy based upon enlightenment. All this was possible, and may even have occurred to one so equipped for empire work as Sir Auckland Geddes has proved himself to be. It is of some interest to note that in his case, as well as in that of Dr. Addison, anatomy has been the stepping-stone to political distinction. What is the connection which forms the link between this science and that of a political career? A cerebral endowment, essential to a good anatomist, is that of a good memory—and that in itself is a possession which, rightly cultivated and employed, provides many avenues which lead to distinction. Macaulay might have become a distinguished anatomist had he elected to utilize his great memory in the study of anatomy before otherwise shaping his career.—*Medical Press.*

Dried Milk as Food

The following is Blackham's opinion of this product: 1. In dried milk we have a valuable food which has a wide sphere of usefulness, not only in the feeding of infants and invalids, but in domestic and commercial cookery. 2. For use with tea or coffee it cannot be claimed that reconstituted dried milk is likely to be popular, and up to the present it has not been placed on the market at a price sufficiently attractive to induce the public to put up with the difference between the fresh and reconstituted article. 3. For use in the tropics and in places such as Malta, where cow's milk is unobtainable, and goat's milk dangerous, it has a large range of application, and on long voyages it presents many advantages over condensed milk. 4. For military purposes it will probably entirely displace condensed milk in future campaigns. It must be understood that milk should be scrupulously clean at the time of drying, for no process will make dirty milk into clean milk, and also the process should be carried on under the best sanitary conditions.

It seems that dried milk may be used to advantage as an

infant's food mainly, perhaps, on account of its greater digestibility. It is difficult, often impossible, to so modify fresh cow's milk as to render it digestible to some infants. This is certainly a point in favor of dried milk. As for the other advantages claimed for this product as an infant's food, it may be said that while a good case has been made out for it, no decided verdict can be given. It must be tested further and on a wider scale.—*N. Y. M. J.*

Intestinal Stasis

Dr. J. C. Watt draws attention to the role of the cæcum in the production of intestinal stasis. He points out that this part of the bowel labors under a double disadvantage. In the first place, owing to the peculiar way in which the small gut opens into it, it is not helped in the discharge of its contents by a *vis a tergo;* and in the second place, it is required, in the upright position of the trunk—that is for sixteen out of twenty-four hours—to empty itself into the ascending colon against gravity.

There is therefore a twofold reason why the cæcal contents should tend to stagnate. The blind extremity of the appendix points downwards, and the stagnation of fæcal matter within the cæcum cannot, one would think, but favor the occurrence of appendicitis. (Some hold that normally no food enters the appendix.)

In view of the above considerations, Dr. Watt holds that in cases of appendicitis the entire cæcum should be removed. —*Medical Press.*

[Dr. Watt's opinions as to the cæcum are not endorsed by all surgeons.—Ed.]

Comparison of Allen and Joslin Methods of Treatment of Diabetes

Two cases of diabetes mellitus are reported by Craver which show some interesting comparisons of methods of treatment. One patient with a sugar output of from 106 to 125 gm. per day, had his sugar output only moderately reduced by the old-fashioned protein-fat diet and developed marked acidosis, while with the Allen method of straight starvation followed by alternate feeding and fasting, thirty-four days were required to render the patient sugar-free, and there was produced thereby considerable acidosis, marked weakness, and loss of weight. The second patient, on the other hand, entering with

a sugar output of from 300 to 500 gm. per day, required only five days to become sugar-free, and at no time had to undergo the discomforts of complete fasting; this result being accomplished by Joslin's method of first eliminating all fat, then rapidly diminishing protein, and cutting down carbohydrate last of all. This patient remained sugar-free over a period of five days while still getting from 14 to 45 gm. of carbohydrate, and sugar returned only when the diet had reached carbohydrate 63 gm., protein 60 gm., and fat 25 gm. At no time did this patient have more than a slight acidosis, as indicated by the presence of acetone, but the complete absence of diacetic acid from the urine.—*J. A. M. A.*

French Surgeon Dies of X-Ray Burns

Announcement was made in Paris on November 29th that Dr. Charles Infroit had died from the effects of X-ray burns. One of Dr. Infroit's hands became infected in 1898 as a result of his constant use of the X-ray, and an operation was performed. Since that time he had undergone twenty-four operations, twenty-two of which were performed in the last ten years. The last was on August 1st, when his right arm and left wrist were amputated. Dr. Infroit was a celebrated surgeon, and his announcement in 1915 in the Academy of Medicine of Paris that he had extracted a bullet from the heart of a soldier was read with interest throughout the world.—*N. Y. M. J.*

The Physician's Dilemma in a Case of Suspected Poisoning

The dilemma of a physician who suspects that his patient is being poisoned but has no evidence sufficient to act on has often been discussed. A story that appeared recently in *Truth* illustrates one means of solution. It is given on the authority of Dr. Russell of Glasgow: A physician of his acquaintance was attending a woman suffering from a mysterious ailment. After long and anxious observation he came to the conclusion that the patient was being poisoned, but he had no tangible proof. After privately advising with his friends, he did not report the case to the police, and ultimately the woman died. The tragedy is of a kind well known to many physicians. The physician is called in by a man or a woman of good position and the highest reputation to prescribe for a relative who is

suffering from some inscrutable disease. He examines the patient again and again and can make nothing of the case. Then it suddenly occurs to him that the symptoms suggest poisoning. He then asks for the advice of a consultant. Probably the consultant, who has not studied the case so minutely, sees nothing suspicious. Even if he does, he too is faced by the same terrible dilemma. If he reports to the police and fails to prove that poison is being administered, he is a ruined man; if he does not, he may be an unwilling party to a horrible murder. As a way out of the dilemma Dr. Russell repeats a story told him many years ago by the late Professor Hunter, who was then a lawyer of some standing and one of the members of Parliament for Aberdeen:

One morning a fellow countryman came to his chambers in the Temple in great distress. He said that he had been for some time attending a certain gentleman of wealth and position. At first he was greatly puzzled by the case; but gradually he had become convinced that the patient was being poisoned. "I can't prove he is being poisoned," he said, "so this is my position: If I report the case to the police the poisoning will stop, the man will recover, and I shall be ruined. If I don't report it, the poisoning will continue, the man will die, and I shall be a kind of party to his murder." "Whom do you suspect?" asked Hunter. "That is just my difficulty," replied the physician. "I can't suspect any one. He married only quite recently a young and charming woman, who is absolutely devoted to him. She insists on nursing him herself—sleeps on the sofa and watches over him like an angel. Her distress about his illness is painful to witness." Professor Hunter thought for a moment and then gave advice which the sequel will show. That evening, when the physician called, the wife, as usual, was deeply concerned. When he had finished his examination they left the sick-room together. "Don't you think, doctor?" she said, hopefully, "that he is a little better to-day?" "No, madam," replied the physician gravely, "I think that he is worse." A look of deep distress came over her face. "It is a very peculiar case, madam," he went on, looking straight into her eyes, "so peculiar that if I did not know that everything he eats and drinks is being prepared by yourself, I should fear he is being poisoned." The wife turned deadly pale, but made no answer. Within a fortnight he was well, and within a month she had run away with another man.—*J. A. M. A.*

Gastrectomy for Cancer

Pauchet and Delort (*Presse Médicale*) emphasize that gastric ulcer with pain, vomiting and hæmorrhage is less frequent than the latent form, and it is almost impossible to distinguish between a recent ulcer and a chronic incurable ulcer. They declare that every chronic ulcer calls for operation, and that every active ulcer in persons of 40 or over should be operated on at once without wasting time on internal measures. They describe with thirteen illustrations the technic for gastrectomy with gastropyloric cancer, and the medical care of the patient before and after.—*J.A.M.A.*

The X-Ray Diagnosis of Gall-Stones

Radiological exploration in cases of cholelithiasis is difficult and in most cases unsuccessful. The difficulties depend upon the subject examined, the constitution and anatomical relations of the liver, and the nature of the calculi. The abdominal viscera are more difficult to examine in obese persons. The distance of the calculi from the plate is also increased in such cases, so that the image of a stone which would otherwise appear indistinctly is unrecognizable. Moreover, the location of the gall-bladder may be inconstant and vary within wide limits from the normal anatomical position of the ninth costal cartilage.

In cases of enlarged liver, ptosis, adhesions in the region of the gall-bladder, and pressure by tumors in neighboring viscera, the location of the gall-bladder is made uncertain. The presence of pathologic conditions in the liver, such as cirrhosis, congestion, etc., and the viscosity of the bile surrounding the calculi are other features which will affect the diffusion of rays and the projection of the image on to the plate. In addition, it is well known that stones composed of pure cholesterin are difficult to demonstrate, and the majority of stones are made up for the most part of this substance. Those containing a fair amount of calcium salts are more easily recognized by their nearly circular outline, the comparatively dense border, and the more or less transparent central portion. The composition of the stone is therefore of greater importance than its size.

Before examination the gastro-intestinal tract should be thoroughly emptied. Since the presence of gas in the stomach

favors gall-stone shadows, the patient should be given 4 gm. each of sodium bicarbonate and tartaric acid just before the exposures are made. The colon should also be inflated with air just before the examination. The patient should then take a ventral position above the plate with the arms crossed so that the right upper quadrant lies in complete contact with the plate. Two exposures are necessary, one with a soft tube and another with a medium hard tube. The patient should hold his breath in deep inspiration and the exposures should be instantaneous.

In the interpretation of the plate there are many causes for confusion. Calculi of the right kidney, enteroliths, calcified costal cartilages, calcified lymph glands, and pancreatic calculi have all been mistaken for gall-stones. The percentage of successful demonstrations by the X-ray is therefore very low, the general average of all operators being 2 or 3 per cent. The highest claims are between 10 and 15 per cent. In many hundreds of gastro-intestinal examinations the author has never discovered gall-stones incidentally. With the technique described, however, they may be demonstrated in from 5 to 10 per cent. of cases.

S. Carro, *Surgery, Gynæcology and Obstetrics.*

Potassium Borotartrate in Epilepsy

Pierre Marie, Crouzon and Bouttier (*Bulletin d l'Académie de médecine*) report tests demonstrating that boron compounds, and in particular potassium borotartrate—sometimes termed soluble cream of tartar—exert an effect in epilepsy much like the bromides, but without the drawbacks attending the use of the latter. A marked reduction in the intensity and frequency of the seizures was obtained. Potassium borotartrate occurs in transparent scaly crystals, colorless, with an acid taste, and very soluble in water. Where, owing to a change in the molecular condition, the solubility diminishes, it can be promptly restored by treating the compound with hot water. The dose of the drug administered was generally three grains a day, given in three tablespoonfuls of the following solution: Potassium borotartrate, twenty grams; chemically pure glycerin, ten grams, and distilled water, enough to make three hundred mils. This dose could, if necessary, be largely increased.

Controlling Anaesthesia

When a solution of a local anæsthetic is injected into a tissue its effect is limited by the rapid dispersion of the fluid; that is, the fluid is absorbed and carried off by the circulation, and the anæsthesia is of short duration. True, the surgeon can control this condition when operating upon an extremity, as a finger, by throwing a ligature around the member, but even that procedure is open to objection.

If a means could be devised to hedge about the area of operation without engorging the tissues, such a device would be in insistent demand. No mechanical invention has yet offered, but we have an almost perfect check on the rapid absorption of the anæsthetic in Adrenalin. This substance is readily soluble; it is compatible with all local anæsthetics, physically, chemically and physiologically; and it is not irritant. Furthermore, it controls hæmorrhage, and in operations on the mucous membranes affords the operator a clear view of the field. By limitation of the absorption of the anæsthetic it is possible to do an operation with less of the drug, and thereby the risk of toxic effect is minimized.

This subject is dealt with more at length in the advertising section, where the reader will find the fifth of the series of short articles on Adrenalin to which we have had occasion to refer in previous issues of this journal. A perusal of the article and its preservation for future reference are suggested.

The Dietetic Treatment of Diabetes

When one speaks of the treatment of diabetes one means, as a matter of fact, dietetic treatment. The treatment of the disease is essentially dietetic; as a rule, if the diet be arranged in accordance with the particular type of the disease from which the patient is suffering, no other form of treatment is necessary. According to Dr. P. J. Cammidge, who writes on the subject, in the *Prescriber* for October, 1920, the first step to take is to discover the type of case. He provisionally classifies diabetics into three main groups: 1. The purely pancreatic; 2, The purely hepatic; 3, A residuum many of which are probably nervous in origin. The differential diagnosis of these types depends partly upon the results of exhaustive analyses of the urine, fæces and blood, partly upon the chemical data, and partly upon the effects of treatment. As a rule

the hepatic form occurs in elderly people, although it is seen in children. The pancreatic patient is generally young, between 15 and 40; is usually under weight, and is losing flesh rapidly; a history of gastrointestinal catarrh or some infection, such as influenza, preceding the onset of glycosuria, is not uncommon. The nervous type of diabetes may occur at any age, but is most common between twenty and thirty; the patient is generally high strung and neurotic, and often gives the history of some mental shock or business worry.

Cammidge insists that whatever the type of case, and no matter what treatment has been found most suitable in the first instance, the after treatment must be arranged with three objects in view: first, the provision of, at least, a maintenance diet; second, the prevention of the further progress of the disease; and, third, such an arrangement of the diet as will ensure variety and a physiological balance of its constituents. It is pointed out that, although loss of weight is generally regarded as a very serious symptom in diabetes which must be prevented at any cost, it is really an attempt on the part of nature to cure the disease, and within reasonable limits should be encouraged. If he is over the weight which his defective powers of metabolism can maintain without strain, these powers are likely to diminish through overwork, but when the work is well within their capacity, sufficient physiological rest can be obtained to allow of recuperation and a consequent improvement in function. In most instances, where the liver is the organ chiefly at fault, a moderate loss of weight is sufficient to balance the functional capacity of the organ and the mass of the tissues, so that a maintenance diet is secured without difficulty. With mild pancreatic cases the same holds good, but where there is advanced pancreatic insufficiency it is often difficult, and even impossible, to arrange a diet which will secure adequate nutrition and yet prevent further progress of the disease. The first two conditions are fulfilled by discovering for each patient his total dietary tolerance, and at the same time so reducing his weight that the work his defective organs are called upon to perform will be well within their limits. The third condition is the most commonly neglected and is the most fruitful source of relapse and complications. Cammidge explains how a diet can be arranged which will ensure variety and a physiological balance of its constituents, but the explanation is too long to deal with in the way its importance deserves. The salient points of this most excellent article are that treat-

ment of diabetes is essentially dietetic, but that such treatment is of little avail unless the types of diabetes are correctly differentiated and each type treated in accordance with its particular characteristics. It is here that the ordinary practitioner so often fails in his treatment of diabetes. He does not differentiate between the different types frequently, because for various obviously valid reasons he is unable to do so, and treats the disease accordingly. He may follow closely the dietetic principles of treating the malady, but if he does not diagnose quite accurately his treatment will be a failure or will not be so successful as it should be. Special scientific dietetic treatment is indicated for diabetes. This treatment, however, cannot be given properly unless one knows exactly when it should be given; it is advisable, therefore, that in cases of diabetes a specialist be consulted. It is one of the diseases in which special knowledge is required in order to deal with it with any great hope of success.—*Medical Record.*

Vincent's Stomatitis

J. Guilford Sharp (*Dental Summary*), says that the condition known as "trench mouth" is a Vincent's ulcerative stomatitis and is found in the mouths that have not had the proper care with regard to cleanliness, or where there is a constant local irritation that keeps the mucous membrane in a state of lowered resistance to such an extent that the bacteria (Vincent) are able to destroy the tissues. The prognosis is not favorable in all cases, some resulting in a loss of the teeth. The treatment consists principally of two things: The continued prophylaxis and the application of trichloracetic acid or some effective drug which will reduce the ulcerations.—*Exchange.*

First Medical College in China

During the war between Japan and Russia in 1894 the Chinese Red Cross was formed to look after thousands of Chinese who were left homeless and destitute in the regions where fighting raged for many months. After the situation was relieved a considerable sum of money remained, and upon decision of members of the General Council, ground was purchased near Shanghai and a large handsome building was

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erected as the Chinese Central Red Cross Hospital and Medical College for Chinese students. The hospital is completely equipped with the most modern apparatus and furnishings. Instruction in the college is in English only. The first year there were twenty registrants. Each received his degree as a competent practitioner. Graduates of this school, under the direction of Dr. S. M. Cox, and by use of methods discovered by his brother, Dr. Robert Cox, have done much to alleviate suffering from former severe epidemics. The Chinese are proud of the school and view the results of its work with much satisfaction.—*Medical Record.*

General Anaesthesia: Rodriquez and Egana

In an extensive article covering the entire subject of anæsthesia the author gives his conclusions as follows:

1. The anæsthetic of choice for minor surgery, short operations, and even extensive operations upon the extremities in which absolute muscular relaxation is not necessary, is nitrous oxide and oxygen. The administration should be entrusted to a skilled anæsthetist. The apparatus used must allow graduation of the amount given and easy regulation of the proportions of the two gases. It should be fitted with a washing bottle to take up impurities, bags for rebreathing as near the mask as possible, and inspiratory and expiratory valves of easy access and management. It should permit the free and rapid change to ether in case of necessity and the heating of the anæsthetic gases. The Gwathmey apparatus is thought to fulfil these requirements best.

2. For all operations in which absolute muscular relaxation is necessary, and especially in abdominal operations, anæsthesia may be induced first with nitrous oxide and then maintained with ether.

3. As regards danger to the patient both during and after anæsthesia chloroform is less safe than ether. When it is given, however, the Esmarch mask and the Roth-Drager apparatus should be used. Chloroform is given best with ether.

4. Open or partially open methods of inducing anæsthesia are better than closed methods. The Julliard or Ferguson mask, the Davis inhaler, or the Obredanne apparatus are all efficient.

5. The induction of anæsthesia by intrapharyngeal insuf-

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P.—4

flation is of value in operations on the neck, face or cranium, or those performed with the patient in the ventral position. In addition to the fact that in this way the anæsthesia may be maintained without disturbing the operative field, the method has all the advantages of open anæsthesia and the narcosis may be controlled without any considerable movement of the patient.

6. Anæsthesia induced by intratracheal insufflation is suitable for operations on the thorax in which a high pressure is needed, and for operations on the cerebellum in close proximity to the respiratory centre in which it may be necessary to maintain respiration artificially because of respiratory syncope.

7. The induction of anæsthesia with a 5 per cent. ether solution given by rectum is of value when combined with local anæsthesia for operations on the face and neck.

8. A preliminary dose of morphine and atropine should be given regularly in all cases before the induction of general anæsthesia.—*Surgery, Gynæcology and Obstetrics.*

The Race Factor in Cancer Transplantation

Roffo (*C. R. Soc. Biologie*) states that he has two strains of white rats bred for ten years, in one of which, comprising 10,000 descendants, 28 spontaneous tumors of different kinds have developed. Transplanting portions of these tumors to other rats of that particular strain, he obtained 95 to 100 per cent. positive results. In the other strain of rats, comprising 12,000 animals, no spontaneous tumors were found, and when he attempted to transplant tumors from the former strain he obtained only 5 per cent. of positive results. By crossing the strains he gradually increased the receptivity, the first generation giving him 15 per cent. success, the second 30 per cent., the third 60 per cent., and so on until finally 80 per cent. proved receptive. Hitherto the wild rat has proved practically completely refractory. Roffo succeeded in crossing a wild rat with one of the susceptible white rats. In the first generation the progeny was white, but in the second there were white, black, and piebald individuals. At this generation the grafts "took" in the white rats and in 65 per cent. of the piebald rats, but in the black rats there was complete failure. By grafting in succeeding generations of this cross, success was obtained in the black rats. Transplants were then made from one of these

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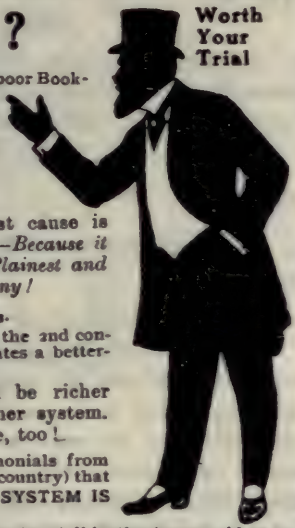

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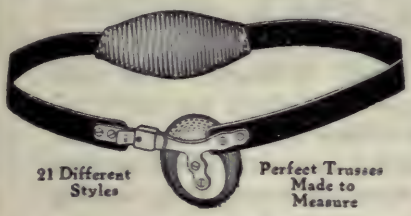

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last black rats into the wild rat, and carried on in the latter until finally 70 per cent. of the transplants were successful; the virulence, volume, and rate of growth of the tumor were as great as in the controls.—*B. M. J.*

Observations on the Technique and Indications of Radium Therapy in Uterine Carcinoma

There are nearly as many methods of employing radium as there are clinicians using it. The author has tested out the various procedures in his clinic during the past six years, has evolved a safe and efficient technique, and has reached the conclusion that a radium capsule placed in the cervical canal will disperse the rays evenly through the pelvic cavity.

Schmitz insists on the insertion of a retention catheter in the bladder and the flushing of the bowels with castor oil and enemas immediately before the treatment is begun.

The object of radium treatment is to apply the element for a sufficiently long time to destroy the deeply located pathologic processes within the pelvis without causing permanent injury to healthy tissues and organs. Over-dosing leads to such dangerous complications as necrosis and destruction, infection, painful cicatricial formation, causing stricture of the rectum, vagina, and ureters, and a systemic reaction which may lead to toxæmia and death.

The author uses 25 mg. of the insoluble sulphate of a chemical purity better than 94 per cent. This is packed in a glass cylinder which is 6mm. long and has an outer diameter of 2mm. The glass cylinder is in turn inserted in a silver capsule 0.5 mm. thick and 1.75 cm. in length. Two such capsules are then placed in a brass filter which has walls 0.7 mm. thick and is surrounded by rubber tubing 3 mm. thick. The radium is left in the canal for ten hours and the dose then repeated after from twelve to fourteen hours each day for seven days.

In some cases it is necessary to drain the uterine cavity with a soft rubber T-drain for several weeks.

Three or four weeks after treatment a visible and palpable decrease in the cancer area will be noted.

The author divides his cases into five classes:—(1) cases which a physical examination demonstrates are clearly operable; (2) cases which are doubtfully operable; (3) cases in which an operation is absolutely impossible; (4) advanced

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cases in which all treatment is hopeless; and (5) cases in which the condition has recurred after a panhysterectomy.

It has been found that when patients in groups 2 and 3 are treated with radium alone the prognosis is better than when they are subjected to panhysterectomy, excochleation, or cauterization.

Recurrences are very refractory, probably of the heavy connective-tissue reparative process.

The author has applied radium also directly to metastases in the abdomen, but so far has been unsuccessful with this method.

MARCUS H. HOBART.

The Symptoms and Treatment of Gastric and Duodenal Ulcer: Rosenthal, E.

The author reports his study of 326 cases of ulcer seen during three and one-half years among 3,500 cases of gastric conditions (9.3 per cent). The findings of this study are reviewed thoroughly and recorded in twenty-eight tables. Nine plates and numerous X-ray pictures illustrate the clinical findings and the results of treatment.

The author's conclusions regarding the treatment, which are at variance with generally accepted theories, are as follows:

1. The great majority of cases may be cured by appropriate internal therapy or so much improved that the patients are able to perform their daily duties. Ulcers, therefore, should be treated medically as cases operated upon remain cured only if a dietary regime is followed faithfully after operation as well as before. This statement does not apply, however, to cases of ulcer in which an organic stenosis has been formed.

2. Hyperacidity and hypersecretion, the principal factors favoring ulcer, are treated more effectually by internal therapy than by gastro-enterostomy. Medical treatment is indicated also for penetrating and calloused ulcers of the lesser curvature, as the surgical procedure is associated with a relatively high mortality and does not prevent recurrence. A cure or improvement obtained by medical means is usually associated with the partial or complete disappearance of the ulcer or ulcer folds.

While this monograph deals with gastric and duodenal ulcer purely from the medical standpoint, it is of interest also to the surgeon.

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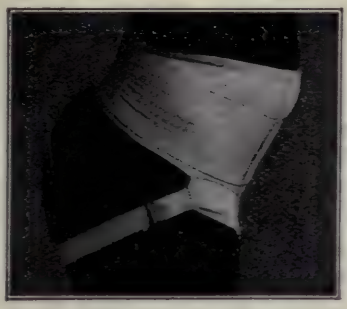

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What is a Normal Blood Pressure?

Nowadays, aside from the estimation of pulse rate and the determination of body temperature, few measurements are made more frequently than is the record of blood pressure. Obviously, then, it becomes of great importance in clinical medicine to be able to evaluate the data thus obtained with respect to the condition of the circulatory organs. The observer cannot remain content with mere data; he inevitably asks himself what the norms of health are and what deviations mark the borderline between the normal and the pathologic. In other words, prognosis and intelligent advice to patients may depend in no small measure on a correct understanding of manometric observations of blood pressure. If it is true, as clinicians of experience have ventured to assert, that fifty out of a hundred men will die of cardiovascular disease, a condition in which hypertension plays a conspicuous part, the study of its genesis must become one of the foremost efforts of preventive medicine; and in this investigation the statistics of blood pressure are bound to be significant.

Blood pressure varies with age as well as with other factors that enter into human life. Various "rules" have been proposed for taking into account the physiologic deviations that affect the tension in the blood vessels. Thus, it has been asserted that the normal pressure for any age is roughly 100 mm. of mercury plus a figure represented by the age in question. The "norms" seem to be changing as physicians are acquiring an increased familiarity with the subject. In 1913, a capable observer placed the upper limit of normal systolic pressure at between 150 and 160 mm.; within two years he revised his estimate so as to regard a pressure of more than 135 mm. up to middle life as pathologic hypertension. What shall we regard as a correct dictum for 1920?

It might seem like a relatively simple task to establish physiologic values for blood pressure as they have been satisfactorily ascertained with respect to body temperature, for instance. Large numbers of presumably healthy persons of different ages could be examined, as indeed they have been for a diversity of purposes. Numerous life insurance examination data, figures from army recruits, measurements of candidates for athletics, etc., are available. Careful consideration, however, points to the conclusion that most of such groups are likely to represent special categories of persons, and thereby

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would tend to make deductions somewhat uncertain in their broadest application. Instead of a record of "selected applicants," some fairer method of sampling mankind would be more accurate.

An ideal way, Alvarez recently wrote, would be to examine every tenth individual passing a certain point on a busy street. Different strata of society might be sampled by choosing streets in different parts of the city, and also by choosing different cities. Unfortunately, such methods are not practicable at present. The next best thing, probably, would be to study the young people gathered together in the public schools and colleges. Particularly in state universities where tuition is free it would seem that the student body should represent a fair sampling from the more intelligent part of the community. Alvarez has had the exceptional opportunity to study a statistical analysis of the blood pressures of several thousands of freshmen of both sexes at the University of California. From these it appears that the blood pressure in young women is much more uniform than in men. The range for the women was practically from 85 to 155; for the men it was from 90 to 175. Fifty per cent. of the women's readings fell between 105 and 119 mm.; 50 per cent. of the men's fell between 116.5 and 136.5 mm. High blood pressure appears earlier and to a greater degree in young men than in young women.

Such are the figures. Ranges of data may include the abnormal as well as the healthy normal. A mathematical interpretation of the valuable California data suggests that pressures over 130 mm. for the women and over 140 mm. for the men are abnormal. The arithmetical mean for women between 16 and 40 was 115 mm.; for men, 126.5 mm. From clinical experience, Alvarez concludes that pressures over 127 in women, and over 130 in young men, are indicative of a hypertensive diathesis which is associated with many typical symptoms and findings.

It may be and presumably will be objected at once that such statements contradict experience—that many persons outlive the unfavorable prognosis that is based on such low values for the border-line of perfect health. However this may be, we must be prepared to examine dependable data for any evidence of early deterioration of present-day man, wherever it may lead us. Abnormality need not be ignored because it is not always synonymous with death. Real facts are often worth following, wherever they may lead.—*J.A.M.A.*

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Vienna Resuming Medical Leadership

American physicians will note with pleasure the hopeful tone of a report issued in Vienna by the American Red Cross, reviewing hospital conditions in that city at the present time and announcing that Vienna is gradually though slowly resuming its former leadership in medical science. However faltering the regrets felt by the public at large at the deplorable state into which Austria had sunk, the loss of Vienna as the medical capital of Europe, the inspiration of medical men everywhere, was in the eyes of physicians of every nation a tragic blow to science.

The Red Cross report gives a graphic picture of the plight of Vienna's hospitals. Lacking all necessary supplies, stripped of medicines, linens, food and instruments, these institutions, once models which the capitals of the world imitated, were in a sorry state. Directed by famous doctors, whose leadership in their profession was recognized internationlly, they had sunk practically to a state of uselessness at a time when the stricken population they served, if not the world, was keenly in need of them. When the Red Cross Commission first arrived great doctors were found using waste paper in place of bandages, which were unprocurable. Bed-ridden patients were lying on mattresses bare of any linens. Famous surgeons were wearing cheap, cotton gloves, instead of the universal rubber ones, while they performed operations with instruments which were often of the most primitive type.

It is to the credit of the Commission that it recognized in the medical crisis in Vienna the medical problem of the world. Bandages, instruments, linens and food were supplied to the hospitals of the city and other large centres in Austria. At the present time, as a consequence, all the hospitals of Vienna are once more on a working basis. Mortality at these hospitals, reaching alarming figures recently, has now been greatly reduced, and Vienna is slowly forging forward to the advanced position it occupied before the war.—*American Medicine.*

Foreign Doctors Invade Spain

Foreign practitioners, particularly Austrians, have invaded Spain in such numbers that native physicians and surgeons have appealed to the Government to make regulations making it obligatory that foreign practitioners acquire a medical degree in Spain before being permitted to practise.—*Exchange.*

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The Woman Question at Cambridge

By a greatly decreased majority, as compared with the last occasion, in 1897, the women have again been refused equality with men in Cambridge University. Two factors were probably concerned in the decision—first, old-time conservatism, and new-time prejudice. The former can be understood, if, as it has been stated, it applies to the provincial clergy, but the latter suggests some reflections in relation to the women themselves. In claiming equal rights with men, women have to remember that men have the power to refuse or grant the claim.—*Medical Press, December* 15.

General Practice

General practice is the best specialty for a young medical man. It broadens his sympathies, widens his general culture, increases his knowledge of human nature improves his powers of diagnosis and makes him a useful member of society. All honor to the general practitoner unremitting in his services to the suffering humanity, often poorly paid, for his sympathies are constantly drawn upon, dealing as he is with the gravest responsibilities of life and death from the cradle to the grave. An editor of a medical journal gives the following advice to general practitioners:

"As you advance make it your habit, in a careful and discriminating way, to be paid for your services where it can be done. Later on you are justified in declining your aid to those who are able to pay and will not. Systematic care will soon enable you to weed out the unworthy and unappreciative. As you grow older in your profession resolve to develop some special skill. Your taste will materialize and you will know in what particular direction you may be considered an expert. And now begin to weed your practice. Get rid of your ambition to have the largest visiting list in the community. Do less work and better work. Pursuing this course, you need not, as many do in the profession, grow old ungracefully, and with hat in hand anxiously seek patients and make frantic efforts to hold those whom you have had but who are now disposed to go elsewhere."—Narasimhayya (Madras) *Medical Journal.*

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Original Communications

TOXEMIA OF PREGNANCY

By Adam H. Wright, B.A., M.D.
Emeritus Professor of Obstetrics, University of Toronto.

For the purposes of this paper let it be considered that toxemia of pregnancy means that form of autointoxication caused by faulty digestion with defective elimination which produces more or less poisoning of the system. No attempt will be made to discuss in detail the multitudinous phases of this great complex subject. My desire is simply to make a few references from a clinical standpoint founded on a few cases in practice bunched together in rather an unmethodical way for the sake of brevity.

Whether for good or ill the first sign of pregnancy is generally caused by a riot of toxins running amuck. The majority of our patients have some knowledge of the diagnostic importance of such symptoms, and desire to give us full information so far as they can. With advancing civilization the methods seem to be changing a bit. A short time ago a young married woman consulted me and asked me, "Do you think I'm going to have an infant?" After a few questions she said, "I haven't been really sick, as I have been told other people are; but I am different—I don't feel a bit like taking a smoke or a drink—in fact I haven't been able to touch a cigarette for a month."

The learned and the unlearned delight in touches of humor in regard to the symptoms of pregnancy. Women listen to the young brides telling their little stories, and sometimes (not so often as they should) talk sensibly to them, and tell them these symptoms are quite common, but are often serious; frequently, however, they talk foolishly, tell them "these things are usual in their condition, and have no special significance."

We know this is wrong, and we should fight against such errors which, I fear, are as prevalent to-day as they were thirty

years ago. Without discussing etiology or pathology let us consider that all disorders of the stomach, which are mostly symptomatic, are caused by autointoxication. If so "simple" or "physiological" vomiting is a misnomer. The term "hysterical" may be omitted, and vomiting from organic lesions will not be discussed. Would it not be well to consider that every pregnant woman who has "morning sickness" or any other sign of poisoning by toxins, is ill, and requires careful supervision and correct treatment from the onset of the symptoms until the end of pregnancy. This ought to be a truism, but in practice it is often forgotten or overlooked until "serious symptoms" arise.

And now let me utter another truism. We should look carefully into the diet list, and methods of feeding. But do we sufficiently realize the fact that the difficulties in connection therewith are frequently enormous? The following case will illustrate. A young woman, strong and healthy, practically an expert in swimming, rowing, canoeing, golfing, motor-car driving, snowshoeing, etc., found that under ordinary circumstances certain foods disagreed with her; and one of our best physicians in Toronto gave her a diet list from which were excluded: celery, corn, cheese, chicken, milk, buttermilk, and alcohol in any form. When she became pregnant she found that other foods which formerly suited her had become impossible, such as potatoes, rice, and various kinds of vegetables. At one time, after taking some carrots, they were found in her dejecta quite unchanged, i.e., looking just as when she put them in her mouth. If these chunks of carrots had been allowed to remain in the intestinal canal until they decomposed, additional toxins would have gone into her system. Such examples of what may be termed gross indigestion are, fortunately, rare, we think; but how frequent they are we don't happen to know —or at least I don't. Perhaps they are not so unusual as we have thought.

A brief reference may be made to another case. A healthy young bride came under my care in her sixth month. She had been vomiting more or less for about four months, but being told that it was what she should expect she endured patiently until she could take no food or drink without vomiting. She yielded to treatment which I need not describe, although I shall make some reference to it later, and recovered in a few weeks, went on to full term, and was safely delivered of a healthy child last month.

We might, if our endeavors were properly directed, learn valuable lessons from our specialists in children's diseases who study very carefully the proper selection of foods and correct methods of feeding. They pay ten times more attention to feeding infants and children than we do in feeding pregnant women. It is ten times more difficult to choose foods for our patients than for the babies; and yet, in my opinion, one expectant young mother is worth more than ten babies. If you doubt the latter statement, perhaps you will admit that one pregnant woman is worth as much as one baby. If so, that will be sufficient for my argument. Let us all, then, study each case carefully from day to day—from month to month. If you can always solve the problem you and your patient will be fortunate.

It seems probable in the first case that other vegetables in addition to the carrots became indigestible, and were continued too long. We suspected that, and deleted them almost entirely, after which her general condition was improved. Strange to say, meats, not including chicken, appeared to be most readily assimilated. In the second case, practical starvation with water in small quantities, and after a week a gradual resumption of a mixed but restricted diet with free catharsis, accomplished satisfactory results. I may say, incidentally, that results of rectal feeding are seldom if ever good, but I should hesitate to say it ought never to be employed. No reference here is made to the injection of saline infusion, which is frequently extremely beneficial.

While the question of feeding and other hygienic management is complex, that of medicinal treatment is, if possible, still more perplexing. Here it is pre-eminently true that we should treat the patient as well as the disease. We cannot agree with those who would say: "and not the disease." Preventive treatment is, of course, important, but, with our present knowledge, does not always prevent.

In referring to a few points in treatment, it would seem convenient and fitting to consider cathartics from which we expect two things: (1) to carry off refuse, such as undigested carrots, meats, etc.: (2) to eliminate and dilute the poisons.

There is an old-fashioned idea that we should have in view that condition called hepatic insufficiency. It seems rather convenient to do so, as it brings us into the cholagogue group, which will furnish a good starting ground. Without sticking too closely to any one class the following may be mentioned:

calomel, blue pill, rhubarb, podophyllum, salines, castor oil, phenol phthalein and aloes. Calomel is, perhaps, the best, but many object because it "makes them so sick." It frequently happens that a single dose of two to five grains will cause less discomfort than four to six doses of one-tenth to half a grain each. In any case we cannot give calomel or blue pill for long. For prolonged use I should prefer rhubarb, epsom salts or podophyllum, with occasional doses of castor oil, aloes or phenol phthalein. In the two cases mentioned the symptoms were for some time similar. An effort was made to give epsom salts in saturated solution (the best way to administer it), a dessert-spoonful with one teaspoonful of lemon juice. This made the taste quite right, and both could take it easily. Number one vomited it about five minutes after. Number two retained it and found the effects highly satisfactory, the first one in about a dozen catharties she had tried. When the salts would not answer for number one we tried other cathartics, and found that one compound rhubarb pill, night and morning, suited her best, and she continued them for about three months. But how long can one safely take rhubarb? We are told its primary effects are laxative, its secondary astringent, and that its administration should not be unduly prolonged. But I place no time limit on my patients in this regard. If they are taking any rhubarb combination and find it suits them, I allow them to continue as long as they like. I generally express a preference for an occasional change, but don't insist. I had one patient who took a rhubarb pill daily for about forty-five years, the sum total being over fifteen thousand. This story may seem rather "perpendicular," but it is really quite level. When I first met her she was about fifty-eight years old, and she remained under my care about ten years. She was an English woman who had spent most of her life in India, and took her daily pill while there, and up to the time I saw her, a little over thirty-five years. When I first saw her I thought a change desirable, and gave her a new prescription. She was convinced, however, that my new remedies did not suit her, begged me to allow her to resume her former habit, and I consented. So she went back to her old pill and continued its use for another ten years. Supposing she missed an occasional day, she took not less than 350 pills a year, and if you multiply 350 by 45, I believe you will find the sum total is 15,750.

We understand fairly well the causes and nature of many, if not most, hæmorrhages of pregnancy, but certain kinds

appear to be enveloped in a cloud of mystery. I have studied certain aspects of the subject for a long time, and I fear I know very little more now than I did thirty years ago, but I think I have acquired a more definite idea of what I didn't know either then or in the interval between then and now. I refer especially to some peculiar defects in balance between the nervous and other systems—especially digestive and muscular. Some of the conditions thus indicated come close to, or perhaps more frequently within, that vast region—hysteria, which perhaps the Christian Scientists and the Faith Healers in the Church of England know more about than we do. Migraine, asthma, and results of eyestrain may be mentioned.

Let us suppose that some tumult in the nerve centres causes disturbance of the uterine muscle which results in hæmorrhages. Certain remedies are found useful, of which three may be named—bromides, black haw and morphine. Syphilis should be excluded; important for many reasons, but therapeutically because, if in a doubtful case we give iodides without cause, we are apt to do much harm. Of bromides, sodium is probably the best. Of viburnum, the preparations most commonly used are probably the elixir, fluid extracts, and others made by reliable manufacturers, of which perhaps "Hayden's" and "Parke Davis" are most commonly used both here and in the United States. I was quite interested to learn the opinion of Dr. Brodie, of Woodstock, a well-known alcohol expert, that Hayden's compound was really a "cocktail," and on the first opportunity tried it, but I was disappointed, and decided never to recommend it for social or exhilarating purposes.

At one time last year I happened to be prescribing viburnum to three patients at one time. I prescribed the liquid extract for one. She soon informed me that I should change the prescription or she must leave home to take her medicine, because "the smell of the stuff" created such a panic among the inmates of her house that they got beyond her control. I then substituted a Parke Davis pill, which appeared to suit the circumstances better. I ordered for the second, Hayden's Compound, with fairly good results.

The treatment of the third patient, to whom I have already made some reference, is important from our present standpoint. The stomach symptoms, which were fairly serious, were much improved. There were uterine hæmorrhages, not copious, but sufficiently frequent to cause alarm. The following mixture

was prescribed: sod. bromid., liq. ext. viburn., tr. card. co. and arom. elix.—twenty grains bromide and drachm viburnum liquid extract in each dose. In about ten days a bromide eruption appeared, and the administration was stopped for a week. Then another similar mixture was given with fifteen instead of twenty grains of bromide. After a fortnight this was stopped. A week after she asked for a repetition of the mixture and got it. The cathartic treatment was continued. On the whole, so far as the patient and I could judge, the results were satisfactory. The hæmorrhages practically ceased, the digestion was improved, patient slept better, felt comfortable, and became quite cheerful and hopeful.

I am sorry to say that when the prospects appeared quite favorable, pains commenced, without any known cause, and an easy premature delivery occurred, after which she made a rapid and complete recovery, and in three weeks was entirely well, so far as we can judge; and her own opinion, as well as mine, is that she is in better physical condition than at any previous time in the last three years.* I believe now that we should have commenced the active eliminative treatment when the first signs of toxemia appeared, in the second month. I find that in the past I have often commenced such treatment too late, and I believe I have never commenced it too soon.

* In reply to a question asked: Was there placenta prævia? I have to say, there was not, nor was there evidence of any other abnormal condition.

LONDON LETTER

From our own Correspondent.)

London, December 19, 1920.

Annual Report of the Chief Medical Officer of the Ministry of Health.

This is the first annual report of the British Ministry of Health, taking the place of the annual report of the defunct Local Government Board. The report is in many respects a remarkable one, for while allowing that many of the views expressed are idealistic and perhaps utopian, it is only imaginative in the sense that if all or most of the suggestions made therein were to come to pass, there is little doubt that Great Britain would be a healthier and therefore a more prosperous and contented nation. The report, in short, is an epitome of the gospel of preventive medicine and reflects the greatest credit on its compilers both as to its subject matter and its literary merit. Especially is praise due to its editor, Sir George Newman, the chief medical adviser to the Ministry of Health. In the first place, in making a necessarily brief survey of this document, it may be pointed out, in the words of its editor, that the Ministry of Health is a new central authority created for the purpose of supervising the health of the people as a whole and unifying and simplifying the central agencies working in this behalf. It has taken over existing medical powers and functions of certain departments, particularly the work of the Local Government Board, the English and Welsh Insurance Commissions, as well as that of the Registrar-General. Certain subsidiary public health functions of other departments have been also incorporated, viz., the Board of Control and certain medical duties or responsibilities of the Board of Education, Home Office and Privy Council, with the object not merely of collecting these agencies from various offices and concentrating them into one, but of welding them together and giving them such new orientation as shall be "conducive to the health of the people as a whole." It is a question of new relationship, focus and outlook, as well as of collection together.

Stress is laid upon the fact that the efficiency of the medical staff of the Ministry is dependent, not only upon the ability, training and experience of the medical officers constituting such a staff but also upon (*a*) the close and practical co-ordina-

tion both within the Ministry and between the Ministry and those with whom it deals, and (*b*) the provision of adequate facilities by which the Ministry may inform itself on the subjects for which it is responsible to Parliament. It is essential to establish an effective system of co-ordination and adequate channels of information. A description is given as to how this object is being attained.

The health of the English people is briefly dealt with. It is shown that with respect to infant mortality, that of the total number of deaths during the year 1919, 61,715, or 12 per cent. were of infants under one year of age, yielding an infant mortality rate of 89 per 4,000 births. It will thus be noticed that during the first twenty years of the present century there has been a remarkable fall in the total infant mortality rate and recently also from diarrheal diseases. The decline, indeed, has been in diarrheal and respiratory diseases rather than in causes of death under three months. Attention is drawn to the fact that a high infant mortality implies (*a*) the loss of many infants; (*b*) the maiming of many surviving children, for conditions which kill some, injure others; (*c*) a high death-rate in the next four years of child life; (*d*) the existence of unhealthy conditions in the mothers or in the home life of the people. It is shown that, as everywhere, the incidence of infant mortality falls chiefly in the first three months and in the first week of the first three months; that in the country it is higher in urban than in rural areas; higher among illegitimate children; that its incidence is dependent not upon density of population but upon local and domestic conditions characteristic of limited industrial areas on social classes of the community; that it is high among the poor and low among a better social class; that the three chief causes of death in infancy are developmental conditions, immaturity, prematurity, debility, wasting and atrophy, diarrheal disease and respiratory disease; and lastly, that in England and Wales since 1901-10 there has been a significant decline affecting the whole of the first year, but particularly in regard to diarrheal disease, than to respiratory disease and only much less so in respect of developmental disease.

Regarding the services of the medical practitioner and the effect on him of the introduction of a Ministry of Health, which after all is the question of the greatest concern to the medical profession, the editor has this to say: that the creation of a Ministry of Health and the inclusion within it of the

National Health Insurance Commission, established a new relation between State medicine and the general medical practitioner which is of fundamental importance. Henceforward the practitioner becomes an integral part of the national organization of preventive medicine. This does not, as some critics have suggested, "abolish" him; nor yet does it absorb him in a whole-time national service. Neither of these courses is either practicable or desirable. What it does is to use him, and provide him with opportunity in the public service instead of excluding him on creating a practitioner service of whole-time medical officers. The State, according to the view of the chief medical adviser, should not take out of the hands of the practitioner, whether in contract practice or otherwise, the patient whom he is willing and competent to treat on reasonable terms. The difficulty hitherto has been that the practitioner has not been in a position to render the full medical service required by the community. In other words, the professional foundation of any medical service must be the medical practitioner; but he can only make his full contribution if he is adequately trained in preventive as well as curative medicine, if the necessary equipment for effective practice be available, and if he be in possession of that freedom of individual action in relation to the practice of the profession which is necessary to its proper fulfilment. There must always be full recognition of this relation which must obtain between doctor and patient if the unique value of the medical practitioner is to be maintained. If the new association between the State and the practitioner is to be fruitful there must be mutual understanding on this point.

Of the many diseases which afflict mankind none is so insidious and injurious as venereal disease. It is generally admitted now that syphilis in its immediate and after-effects is the most destructive disease known, while gonorrhea is an immensely harmful disease, and especially to women. But this is only going over ground which has been well traversed already, and the problem of venereal disease and the modes of prevention and treatment dealt with in the report will be discussed briefly. It may be said with obvious truth that the question of venereal disease and its subjugation is international. If accounts be veracious it is greatly in evidence in Canada. It is pointed out in the report that the policy and practice of the Local Government Board and subsequently of the Ministry of Health, in respect of venereal disease, was

based in large degree upon the recommendations of the Royal Commission of Venereal Disease, 1916. The principal recommendations of the commission were: (*a*) Confidential registration of causes of death. (*b*) Extension of facilities for diagnosis. (*c*) Organization by the local authority of means of free treatment for all classes at convenient hours and under suitable conditions. (*d*) Improved professional and public education. (*e*) A grant in aid of 75 per cent. of total cost incurred in approved schemes. (*f*) Treatment in army and navy, poor law institutions, prisons, etc. (*g*) Prohibition of all advertisements of remedies and unqualified practice. (*h*) Recognition by the Government of the National Council for Combating Venereal Disease as an authoritative body for spreading knowledge. The Ministry have taken action in behalf of the improvement of medical education in the diagnosis and treatment of venereal disease at medical schools and treatment centres, and the education of the public in schools, workshops and elsewhere. The present medical policy of the Ministry in regard to preventive measures is as follows: First, the Ministry are in favor of the education of the public, both as to the incidence and danger of venereal diseases and the extreme importance of not contracting these diseases. It is pointed out that the only sure way of avoiding such diseases is to avoid all risk of infection. It is equally clear that sexual promiscuity increases these risks, and on that and other grounds is to be condemned. It is an accepted scientific proposition that the social and moral standards of a people, its national character, bear relation to its health, and such national standards and customs, and not the medical issue only, are the decisive factors in any practical solution. Secondly, the Ministry believe that thorough cleansing or skilful disinfection of the body immediately after risk of infection tends substantially to reduce the likelihood of disease, but the Ministry are not prepared to recommend a general practice of self-disinfection apart from skilled advice and supervision. It is believed that, except under skilled control, attempts at self-disinfection are likely to be ineffective, to create a false sense of security and to lead to postponement of treatment. It is the aim of the Ministry to train the general public in effective self-disinfection by means of leaflets of instruction. What is required in all such cases is not general directions for self-manipulation, but prompt and skilled treatment. Thirdly, the Ministry believe that in addition to a general recommendation for immediate and thorough

cleansing if risk of infection has been incurred, the proper course is to provide facilities for skilled disinfection and irrigation.

There is another society in Great Britain—The Society for the Prevention of Venereal Disease—which is opposed to the opinions expressed above, which hold that disinfection should be done promptly after intercourse, that the public should be able to procure adequate disinfectants for this purpose easily and that the community should be educated as to the need for and the use of these. The views of this society are contained and lucidly set forth in a work entitled "The Prevention of Venereal Disease," by Sir Archdall Reid, who has had and is having much experience of this kind of preventive treatment in the great British naval port of Portsmouth.

The features of the Ministry of Health's report sketched here are all of surpassing interest. There has never been a time in the history of the world when children were more greatly needed in civilized countries, and perhaps there is no country which more urgently requires them than Great Britain, if she is to maintain her commercial position. It is encouraging, then, to know that the infant mortality rate is decreasing and that more healthy children are being reared. The most instructive part of the report, however, touched upon here is that which relates to the influence of the Ministry upon the general practitioner. It would be idle to deny that the general practitioner regards the trend of medical practice in this country nowadays with suspicion, not unmixed with alarm, and it would be equally idle to deny that he has some cause for these qualms. Under the ægis of the Ministry of Health, which is, to some extent, a political body, he is not so free and independent, at any rate, if he is a panel practitioner, as formerly. The associated societies are strong politically, the medical profession is almost impotent; therefore, if a clash arises between doctors and these societies, it is more than likely that the doctors will go to the wall. The societies are not particularly favorable to the profession, the members of which they look upon as privileged, and would have no compunction in bringing them into some sort of subjection. Yet there is no doubt that the general practitioner needs better facilities for properly learning how to treat and especially how to prevent disease. Sir James Mackenzie is doing yeoman work in this direction. There is no space nor time to discuss this admirable report further at

the present time, but in other letters it will be referred to. It must suffice to reiterate that it is a document of quite peculiar interest, not only to English medical readers, but to Canadian, and, in fact, to English-speaking medical men the world over.

PROFESSOR IRVING H. CAMERON

Looking back on Professor Cameron's teaching the impression which I have is that he was first of all interested in teaching principles. A few of the students had some inkling of this at the time, but your average student is not greatly interested in principles. "Pointers" appeal more strongly to him. The well-known story of the reply given by the teacher to a student who asked for some good pointers ("principles are what you need and not pointers"), which has been ascribed to so many teachers, might well be told of Mr. Cameron. If the student could discover that a few principles, properly applied, would solve many of his problems, and that when in doubt or difficulty they are always of use, there would be greater interest in them. But, after a good many years of teaching, the realization comes that the majority of students are not interested in principles very greatly at the time. Fortunately, they are often absorbed unconsciously and bear fruit in after years. Professor Cameron has the satisfaction of knowing that his teaching is bearing fruit in sound surgical practice by his pupils in many lands. In placing emphasis on Mr. Cameron's insistence on principles it is not to be thought that he did not dwell on the practical side of surgery. He did, and in a very thorough way, but always with the desire to have the student know the "why" of his practice. I can recall bed-side clinics in which we could not see the bearing of the questions at first, but gradually the application of the points, which he was striving to bring out, to the specific problem before us became evident. His teaching was of the Socratic school, and there was always the effort to make his students think and think accurately.

For many of us—doubtless the majority—there was often regret that we did not know more Latin and Greek, for Mr. Cameron has a large number of classical quotations ready for any occasion. We always tried to look as if we understood

them. With this, perhaps naturally, went a nice taste in the use of words. The average medical man uses words carelessly, and any teacher who insists on accuracy in the language of students deserves their gratitude. It is to be feared that he often does not receive it, at any rate until later. We had many illustrations of the value of a knowledge of the derivation of words in understanding medical terms.

As chief he was always most considerate and kind. In those times, before the days of operating-room nurses, the house surgeon had to prepare the instruments for operation. Mr. Cameron required very few instruments, and this lessened the burden of preparation. Sometimes his directions were almost too simple, as when, in answer to the inquiry as to what instruments he wished for an operation, one heard, "Oh, a sharp knife and a piece of string." Of his technical skill this is not the place to speak, but reference should be made to his coolness when some sudden emergency demanded instant decision and prompt action. No one ever saw him flurried or disturbed by an emergency. The story of how his wise suggestion to an operating surgeon in a foreign clinic saved a life in a sudden emergency is an example of this. This possession of equanimity, on which Sir William Osler laid so much stress, is a striking characteristic, and it was a rare happening indeed which ever affected it. One occasion comes to mind on which his usual equanimity was retained with difficulty. Mr. Cameron was doing a venesection on a patient who was a farrier and accustomed to bleeding horses. He kept up a running fire of comment and criticism, the burden of which was that he would like to show Mr. Cameron how a venesection should be done properly. We could see the laughter in Mr. Cameron's eyes, but it did not show otherwise.

There were stories among the students as to the many hours he worked and the few he gave to sleep. Perhaps these traditions were supported by the times at which he visited the hospital. If he had a patient who was very ill he was sure to appear sometime in the night, after midnight by preference. At the Gerrard Street entrance to the old Toronto General Hospital there was an irregularity in the boards of the driveway at the gate—at any rate in '95-'96—so that entering carriages made some noise when the wheels passed over it. Different vehicles made different sounds, and that of Mr. Cameron's gig had a characteristic quality, especially easily recognized in the quiet of night. Perhaps he did not realize

why his house surgeon so often met him in the hall. On those late visits he not infrequently came into the house officers' sitting-room and sat down for a chat with any of the men who chanced to be up. These were delightful occasions, for his talk was always interesting, and especially when he discussed men and clinics, which to us were known only by reputation.

Many honors have come to Mr. Cameron, and all his students and friends wish that there may be many years in which he can enjoy them. One may say that he is honored in the hearts of all the students who have been taught by him. Kind and generous always in his relations with his students, we have an affection for him which we have difficulty in putting into words. Mr. Cameron can feel that he has done much himself to save life and lessen suffering, but who can estimate what he has done through the students who have carried his teachings into practice far and wide? It is a happy thought for any teacher to carry with him when he feels that the time has come to take the title of Emeritus—*Thomas McCrae, University of Toronto Monthly.*

PHENARSENAMINE

In the administration of Phenarsenamine—(the Provincial Board of Health "606" preparation), or other arsenical preparations for the treatment of syphilis, the following points should be carefully considered:

Before Treatment.

Minor acute illnesses (such as colds, bronchitis, etc.) should be considered temporary contra-indications to intravenous treatment.

Before antisyphilitic treatment is begun a urinalysis should be made. Acute kidney lesion should be considered a contra-indication.

Solid food should not be taken by the patient for six hours before and four hours after treatment.

The initial dose should not be more than 0.3 grams in men and 0.2 grams in women.

Treatment.

"606" preparations are more stable than "914" ones.

The treatment should be given with the patient in a recumbent position with the head slightly raised on a pillow.

With "606" or Phenarsenamine the solution should never be given more concentrated than 0.1 grams to 20 c.c. of freshly distilled water.

With neo preparations a concentrated solution 0.1 grams of the drug to 3 c.c. freshly distilled water may be used, provided it is given very slowly at a rate not exceeding 0.6 grams in two minutes. More dilute solutions given by the gravity method are less likely to cause reactions than concentrated solutions, particularly if the latter are rapidly administered.

The drug should be administered immediately it is prepared.

The strictest asepsis should be observed.

After Treatment.

After administration the patient should be kept quiet (preferably recumbent) and under observation for at least half an hour. A hypodermic solution of adrenalin chloride should always be readily available for injection at the first sign of any reaction.

If signs of dermatitis or jaundice appear treatment should be discontinued.

Mercury should be given as part of the treatment. Intramuscular injections or inunctions appear to be the best method of administration.

John W. McCullough.

Editorials

THE CONNAUGHT LABORATORY

This laboratory came into existence through the generosity of Colonel Albert Gooderham, who bought a piece of land about eight miles north of Toronto, erected suitable buildings thereon, the land and buildings costing about $75,000, and presented the property to the University of Toronto. Since the presentation about $25,000 has been expended, making the value of the property now rather more than $100,000.

The institution is self-sustaining so far as its legitimate work is concerned, but $3,750 is given annually by statutory grant by the Ontario Government for Research Work. All ordinary running expenses are paid out of the profits on sales of antitoxins, serums, and vaccines to local boards of health in all the provinces of Canada, excepting certain portions of Quebec, also, to other regions outside of Canada, including Newfoundland, New Zealand, and some of the British West Indies.

All buildings were erected and equipped under the direction of Dr. J. G. Fitzgerald, assisted by Dr. Defries. Now Dr. Fitzgerald is Professor of Hygiene and Director-in-Charge of Research, while Dr. Defries is Associate-Professor of Hygiene and Director-in-Charge of the antitoxin division.

In addition to their routine laboratory work, they spend much time in teaching students of the Faculties of (1) Medicine, (2) Applied Science, (3) Household Science; and the Departments of (1) Public Health Nursing, (2) Social Service; also, eleven

graduates in medicine taking the post-graduate course in Public Health, which is known as the D.P.H. course.

Besides paying all their running expenses, there is a considerable surplus which is placed in the Connaught Research Fund, while no private profits accrue to anyone.

One can get some idea of their activities from the fact that the laboratory supplied 225,000 doses of 1,500 units each during the war at a cost of 34c. per dose, which was about one-third of the prevailing commercial price.

SALVARSAN

The profession and public are much interested in the preparation of Salvarsan, especially because of the recent tragedies in Toronto. Diarsenol is practically the original Salvarsan or 606, while Neodiarsenol or Neosalvarsan is a later preparation known to scientists as 914. The latter is dissolved in 10 c.c. of water, and does not require to be made alkaline, while the 606 requires 200 c.c. of water, and to be made alkaline at the time of administration.

Formerly, all the Salvarsan came from Germany. Early in the war, however, they commenced to manufacture various kinds of Salvarsan in Italy, France, and England, Burroughs and Wellcome being the principal manufacturers in the latter country.

In the meantime the matter was seriously considered in Canada. The Dominion Government entered into negotiation with certain parties and granted patents to two companies, one in Ontario and the other in Quebec.

THE SYNTHETIC DRUG COMPANY

Two young scientists of Toronto, one a son of Professor A. B. Macallum, and the other a son of Mr. Candee, a prominent business man of Toronto, after careful research, succeeded in producing a preparation of the German drug, and at once formed a company called The Synthetic Drug Company, to which was granted one of the patents before mentioned. They commenced the manufacture of two preparations of 606, one called Diarsenol and the other Neodiarsenol, both of which preparations had a large sale.

Unfortunately, there is not, at the present time, a general agreement as to which of the 606 preparations is the more reliable. Many experts in both Canada and the United States, perhaps the majority, consider that Neodiarsenol is safer and produces better results, while another group, perhaps not quite so large, still favor the original preparation, i.e., the Salvarsan or Diarsenol.

A certain number in both Toronto and Montreal prefer the Burroughs and Wellcome preparation. One of our best experts in Toronto says its administration has never caused a death, while the two recent deaths are by no means the only deaths that have followed similar treatment in Toronto alone. Our chief coroner in Toronto says the French preparations are the safest and most reliable. These parties who happen to have an intimate knowledge of the subject, whether right or wrong, have a right to hold their opinions, and, also, the right to make their own choice where so much is at stake—not health alone but life itself—and should be allowed to exercise their choice.

THE DRUG MONOPOLY

A great many in Toronto and various other parts of the Dominion object strongly to anything bearing the appearance of a drug monopoly. Dr. Edmund E. King, in the year 1919, in his presidential address before the Academy of Medicine, gave expression to the opinions of that body somewhat as follows:

The patenting of drug products which are thus made a source of gain to the patentees is wrong. When the war made alien patents null, licenses were issued, one in Toronto, the other in Montreal, giving them the right to manufacture arsenobensol. In connection with these companies, Dr. King said he had a list of the stockholders, and knew the source of all the blocking which was encountered by the Provincial Board of Health in its attempts to secure the rights to manufacture these drugs.

The efforts of the Ontario Board were unavailing until June, 1919, when, after a bitter fight, in which the Boards of all the other provinces supported Ontario, the latter was granted a limited license; but, to the surprise of all, this license, when issued, was found to be extremely restricted in character.

Dr. King goes on to say: " I do not wish to do more than draw your attention to the ability of the Provincial Board to manufacture these products, and I would confirm this by the statement that of all the immunizing agents used in France, the anti-tetanic serum made at the Connaught Laboratories was most in demand."

He considered that the license issued to the Ontario Board has too many restrictions. " Certain interests exercise their pull and push for personal

gain as against the public interest." Another Toronto physician said with reference to those who held the monopoly, "If they're going to build up a protected Canadian industry upon maimed and dead Canadians it is a horrible and an unjustifiable thing."

THE BRITISH MINISTRY OF HEALTH

We are glad to publish in this issue a letter from London in which the writer discusses very intelligently the annual report of the British Ministry of Health. The writer says that report is an epitome of the gospel of preventive medicine, and gives special credit to its editor, Sir Geo. Newman, the Chief Officer of Health.

It will be remembered that a very important new bill passed in the House of Commons a few weeks ago after many prolonged discussions. Very strong objections were raised to many features in the bill. Mr. Lovat Fraser said:

"It was the worst and most foolish bill which has been subjected to the House of Commons in the last fifty years.

"Every clause raises a separate issue and it is really twenty-six bills rolled into one.

"There is not one clause which is not questionable. . . . Why should poor, docile England be the special victim of Dr. Addison's experiments and extravagance?"

But after a prolonged struggle, much criticism, and many curtailments, it was passed in the Commons.

The bill, however, to the surprise of most people, was rejected by the House of Lords, and as far as we can make out, there is almost a general consensus of opinion among writers in the lay press that the House of Lords was right. *The Spectator* says: "It cannot be disguised that the country as a whole has received the contemptuous destruction of Dr. Addison's handiwork with delight, because the bill would have necessitated a wastefulness on a very large scale."

We all recognize that Dr. Addison possesses great ability and has the welfare of the public at heart, but the bill appears to have two faults, one is extravagance and the other is want of knowledge of the best methods of drafting bills. *The Spectator* adds that it sanctioned an incalculable amount of new expenditure and that the bill was badly drafted. Mr. Fraser evidently agrees when he said every clause raised a separate issue and that the whole bill was bad and foolish.

It will also be noticed that our correspondent expresses some interesting opinions regarding venereal disease which, on the whole, are quite in line with our opinions, expressed in the November issue of THE CANADIAN PRACTITIONER.

THE GLOVER SERUM

There is no doubt now that the report of the Committee of the Academy of Medicine on the Glover serum has been generally accepted and approved by the great mass of the profession of North America.

So far as we can learn from disinterested scientists, the one thing that first gave them some confi-

dence that Glover would succeed was his statement that he was able to produce cancer by inoculation and to immunize animals against it. When, therefore, Dr. Glover refused to demonstrate this alleged fact, his attitude caused intense surprise, and, as we stated in our last issue, practically put him "out of court."

We regret exceedingly that Dr. Glover should have done a thing which so greatly discredited him in the eyes of many well-wishers, and we do not, at present, know why he should not have acceded to this request. However, we desire to express the opinion that Dr. Glover was honest and sincere in his endeavors to find a cure for cancer. He labored earnestly and intelligently to accomplish his object for ten long years. As to his methods of procedure, at the present time, we have now no opinion to offer.

THE TEACHING OF MEDICINE

In the death of Dr. Hugh McCallum, Canada has lost one of its greatest teachers of Medicine. He was decidedly opposed to what are known as the German methods of teaching, which, for several years, have been so deeply rooted in the hearts of the authorities in the University of Toronto.

In his presidential address before the Canadian Medical Association in 1912 he spoke as follows:

"The Carnegie Foundation authorities have, however, overemphasized the laboratory side of medical education. The German method of medical education is to tie the medical student to a microscope as opposed to the English method of cultivating knowledge through the unaided eye. In Germany the

aim is to make scientists first and then doctors, whereas the primary purpose for which students learn science is to become physicians, not scientists. . . . . For years American medical teaching has been dominated by the German plan of instruction. In certain quarters there is setting in a reaction. It is claimed that we have become guilty of a fetish worship of laboratories in medical instruction and medical practice."

As to methods of teaching Medicine, Hugh McCallum and John T. Fotheringham were singularly alike. They both combined the practical with the scientific in such a way as to create the highest type of general practitioners—"physicians, not scientists." But the treatment accorded to these two great teachers was singularly different. The work of the one in London was appreciated at its full value, while that of the other was not.

This latter may now be considered almost an old story, and, perhaps, the authorities of the University of Toronto think it should be relegated to oblivion. But that will not happen for a long time. A mean act of injustice is not soon forgotten.

THE FORMER CANADIAN JOURNAL

We have read the valedictory, if not the obituary notice, of the *Canadian Medical Association Journal*. In its leading editorial it said, "The Editorial Board has, for some months, had under consideration the enlargement of this journal, both in size and in the number of its pages, and if such enlargement is well supported by the profession in Canada, a change within a year or two in the frequency of its issue

from a monthly to a bi-monthly, and, in time, to a weekly journal will be attempted."

We are told that the Ontario Medical Association has already a well-organized Editorial Board. The other provinces have, also, organized such Boards. We are surprised at the tone of the article, as we have certainly supposed that this Canadian journal, during its ten years' existence, was ably conducted and well published. Why it should desire to belittle its own very good work seems rather puzzling.

THE NEW JOURNAL

The announcement of the new *Journal* is rather disappointing. It seems to make clear the fact that the old journal is dead, and a new one has been established. It says, "Apart from assuming a new dress, and we trust a more attractive form, its scope is intended to become more than ever Dominion-wide." We have nothing to say about the new dress, but we can state positively that the form is not more attractive. It happens that the form of the old journal was excellent; there was nothing better in the whole journalistic world. As we had supposed that its scope was undoubtedly Dominion-wide, we do not understand how it can become more so.

There is no doubt of the fact that for the last twelve years, at least, the majority of the members of the Canadian Medical Association wanted an official journal. Such a journal was established about ten years ago under, as we supposed, extremely favorable auspices. Its success was all that could be desired except from a money standpoint.

Now they tell us that they intend to publish a

larger and very much more expensive journal, and because, apparently, it is larger and much more expensive, it will be a paying concern.

It has been supposed by many during the last two years that the simplest way for the Ontario Association to have brought about a happy issue would have been to accept the *Dominion Journal* as its official organ. However, we need say nothing more about that now, but we have to recognize that this new departure is a tremendous and costly undertaking. Nevertheless, we must acknowledge that the aims of the new enthusiasts are high and their objects may be attainable, but we should have liked more satisfactory explanation than we find in their long four pages of "Foreword."

CHILD WELFARE

A very important conference of the District Health Officers and Public Health Nurses of Ontario was held in the Parliament Buildings, Toronto, under the chairmanship of Dr. J. W. S. McCullough, chief M.O.H., Ontario. It was stated during the discussions that public health propaganda was much needed in all districts of the province.

The District Officers have been doing admirable work for several years, and the sixteen nurses, eight provincial and eight from the Red Cross Society, have accomplished very much already, although they have been at work only four or five months. They have established many child welfare clinics, have done much good work in the schools, and have started many local health organizations in different localities.

MALNUTRITION IN THE CHILDREN OF PUBLIC SCHOOLS

Dr. H. W. Hill, Chief of the Institute of Public Health of Western University, in an address delivered February 11th, stated the thirty per cent. of the children attending public schools in London are suffering from malnutrition, and, in a large proportion of cases, these little sufferers are the children, not of the poor, but of the well-to-do.

Dr. Charles Hastings says that similar conditions prevail in Toronto, and that twenty to thirty per cent. of the school children are under-nourished and under-developed.

[In a sense, Drs. Hill and Hastings may be right, but we are not sure. Of course, correct methods of feeding are important, but such an expression as "under-nourished" may be misunderstood, especially when applied to our private schools and colleges, against which incorrect and unjust charges are sometimes made.—Ed. Practitioner.]

News Items

NEW EAST-END HOSPITAL, TORONTO

Hopes are now entertained that the new hospital, which has been so long talked about, will soon be erected in Toronto, east of the Don. Dr. T. A. McDonald hopes that it will have a capacity for two hundred and fifty patients. Controller Hiltz says that a site will be purchased this year, and that one unit of the hospital will be built next year.

RECEPTION HOSPITAL

It was stated, January 25th, that the new Reception Hospital in Toronto, to cost $400,000, will be erected in Surrey Place, on a site donated by the University of Toronto. Because of this donation it is expected that medical students of the University will get clinical instruction in this institution.

ONTARIO MEDICAL ASSOCIATION

The committees having in charge preparations for the Annual Meeting of the Ontario Association report that arrangements are nearly completed. As previously announced, the meeting will be held in the Clifton House, Niagara Falls, May 31 to June 3.

PUBLIC HEALTH MEETINGS

Three Health Associations will hold meetings in Toronto, May 17-20: Canadian Public Health Association; Anti-Tuberculosis Association; Ontario Health Officers' Association.

At the inaugural meeting of the Local Board of Health, Toronto, held January 17th, Ald Maxwell, on motion of the retiring Chairman, Ald. Cowan, seconded by Ald. (Mrs.) Small, was unanimously elected chairman.

That portion of the Ontario Hospital for the Insane which was known as the Orchard House wing was destroyed by fire February 23rd. There was, for a time, a panic among the 355 patients, but all were saved.

Personals

Dr. Charles J. Hastings went to Florida about the middle of February for a holiday of a few weeks.

Dr. Allen Baines, of Toronto, when last heard from was motoring through the rural portions of Jamaica.

Dr. W. H. B. Aikins, after a trip to the West Indies, returned to Toronto February 20.

Dr. Alexander Primrose, of Toronto, was married to Mrs. Charles Moss, daughter of the late Judge Britton, February 19.

The next meeting of the American Public Health Association in New York City, November 7-11.

Dr. (Major) George Gillam, of Toronto, has been successful in passing the Primary Examination for the F.R.C.S. (Eng.) qualification.

Dr. Ross A. Jamieson has opened an office at 155 Bloor Street East, and is restricting his practice especially to disease of the cardio-vascular system.

Dr. C. Stewart Wright has removed from 99 Bloor Street West to 12 Madison Avenue, where he will continue to confine his practice to orthopædic surgery.

On February 9th, at Private Patients' Pavilion, Toronto General Hospital, a daughter was born to Dr. and Mrs. Frank J. Elkerton, of 401 Rushton Road, Toronto.

Dr. Charles S. McVicar, of Toronto, is now at the Mayo Clinic in Rochester, Minn., and may remain there for some time.

Dr. H. S. Griffin, of Hamilton, was elected First Grand Superintendent of Royal Arch Masons of Ontario at the convention held in the Masonic Hall, Hamilton, February 23rd.

Dr. Percy Faed was committed for trial February 15th, on two charges of manslaughter, being accused of causing the deaths of Mrs. Emily Bond and Miss Monica Kenney, by preparing diarsenol instead of neodiarsenol for administration to the two patients in the office of Dr. J. H. McConnell.

Obituary

HUGH A. McCALLUM, M.D., LL.D., M.R.C.P. (ENG.)

Dr. McCallum had been suffering from what was supposed to be an "ordinary cold," but continued at work up to January 22nd, when he saw a patient in consultation with Dr. Tillman in the forenoon. On the same evening he was compelled to go to bed with serious symptoms, which soon developed into pneumonia. Within two days he passed beyond any hope of recovery, and died on the afternoon of the third day, January 25th, as announced in our last edition.

We are told in the lay press, quite correctly, that he was known as "the man who has done more for the study of medicine in Western Ontario than any other man." He graduated M.B. from London in 1886 and M.D. from Toronto in 1887, subsequently doing post-graduate work in Baltimore, New York, and London, England.

Returning from Great Britain, he commenced practice in London, Ontario, soon becoming a teacher in Medicine in the medical faculty of his Alma Mater. In a short time he was appointed senior Professor of Medicine, and, not long after, Dean of the Medical Faculty. During the war he rendered valuable service as a Colonel in the C.A.M.C., and was, for some time, chief consulting physician for Division No. 1.

JOHN SUMPTER KING, M.D.

Dr. John S. King, who practised for many years in Toronto, with residence and office at the corner of Shuter and Church Streets, died February 14th, aged 78. Before commencing the study of medicine, he did considerable newspaper work, being on the editorial staff of the *Globe* for three years, and for many years before, during and after his student days, took a prominent part in politics, doing much strenuous work for the Liberal party. In later years he devoted most of his energies to literature and became a very pronounced spiritualist.

A. T. RICE, M.D.

Dr. A. T. Rice, of Selkirk, Man., died after an operation in the General Hospital, Winnipeg, February 13th. He received his medical education in the Toronto School of Medicine, and graduated M.D. from Victoria University in 1881. After graduating he commenced practice in Woodstock, where he soon acquired a good reputation. For many years he took an active part in the Ontario Medical Association, being one of its most enthusiastic members. He left Woodstock in 1909, and from that time until his last illness practised in Selkirk.

T. GRAY, M.D., L.C.R.P. (EDIN.)

Dr. T. Gray, a well-known doctor of Acton, Ontario, died at his home, January 24th, after an illness of four months, from septic infection following a wound in the hand. He graduated from McGill in 1883, and, after doing post-graduate work in Edinburgh and Glasgow, commenced practice in Newfoundland. He then moved to St. Mary's, where he spent a few years. In 1900 he removed to Acton, where he was engaged in practice up to the time of his last illness.

JOSEPH H. WEBB, M.D.

Dr. J. H. Webb, one of the best-known citizens of Waterloo, and one of the most highly-respected physicians in Western Ontario, died suddenly at his home, January 26th, aged 74. He received his medical education in the old "Rolph School," and graduated M.D. from Victoria University in 1869. Soon after graduating he commenced practice in Waterloo, where he remained until the time of his death.

SAMUEL G. THOMPSON, M.D., L.R.C.P. (EDIN.)

Dr. S. G. Thompson, of 239 Jarvis Street, Toronto, died at his home, January 30th. He graduated M.D. from Bellevue, New York, in 1882, and then did post-graduate work in Edinburgh. On his return from Scotland he commenced practice in Toronto, where he remained up till the time of his last illness.

MAX. OTTO KLOTZ, M.B.

Dr. M. O. Klotz, of Ottawa, died at his home in that city, January 31st, after an illness of one week, from pneumonia. He graduated M. B. from University of Toronto, and after doing post-graduate work in Johns Hopkins, Baltimore, and some of the hospitals of New York, commenced practice in Ottawa, where he soon acquired a large practice, chiefly in surgery. He was a member of the Ontario Medical Council from 1902-1906, representing the Ottawa District No. 18.

JOHN McCRIMMON, M.D.

Dr. J. McCrimmon, Kincardine, one of the best-known and most highly-respected physicians in Western Ontario, died at his home, February 13th, aged 65. In the latter part of January, he contracted influenza which, after a time, developed into pneumonia, which was the direct cause of his death.

He graduated M.D. from McGill University in 1878. He then went to Edinburgh, where he passed the examinations entitling him to become licentiate in medicine, surgery, and also midwifery. On his return to Canada he settled in Kincardine, where he practised for forty-two years. In addition to the practice of his profession, he took a prominent part in public affairs and was for twenty-five years a member of the School Board, part of the time its chairman.

He was a man of singularly high aims and ideals, and was very much beloved by those who knew him intimately.

THOMAS HOSSACK, M.D.

Dr. T. Hossack, of Lucan, died at his home, February 15th, after a stroke of apoplexy three days before. He graduated M.D. from Jefferson Medical College, Philadelphia, in 1865, and commenced practice in Lucan in 1867, continuing his professional work there until February of this year.

Book Review

Public Health and Hygiene, by Eminent Authors. Edited by W. Hallock Park, M.D., Professor of Bacteriology and Hygiene, University of New York and Bellevue Hospital Medical College, and Director of the Department of Public Health, New York City. Lee and Febiger, Philadelphia and New York. 1920.

In the first two chapters Dr. Park describes the relation of micro-organisms to disease, and the manner in which they produce injury; and then goes on to discuss infection, mixed infection, autoinfection, germ carriers and finally explains the action of anti-bodies, agglutinins, opsonins, enzymes, etc. In chapter three we find an excellent discussion on the causes, nature, and prevention of influenza and other infectious diseases.

We find an admirable chapter on housing, which the author considers is largely a health problem, while it is, also, an economic and social problem. We feel sure the Medical Officers of Health of the Province of Ontario will be very much interested in the article. There are five chapters on Food, which are not only quite up-to-date, but give, in an attractive form, information well suited for both hygienists and general practitioners. Discussions on all other matters pertaining to Public Health follow in succeeding chapters and, last of all, we find an excellent chapter on Vital Statistics and Censuses.

The work is really an encyclopædia without the faults which are often found in such publications, because it has been so well edited that the various chapters, although written by numerous authors, run together very smoothly.

Selected Article

DIABETES

By J. D. Comrie, M.D.

Ætiology.

With regard to the cause of diabetes, Carnot and Harvier point out that sclero-gummatous changes in liver and pancreas are occasionally found, and refer to Beguier's statement that syphilis of the pancreas is more common than is generally supposed. The old idea that diabetes may be due to prolonged strain or to nervous shock is strikingly disproved by the negative evidence of the war. Thus Allen and Mitchell were able to find only one case of this kind among American soldiers, this case apparently dating from a severe concussion; while Magnus Levy, discussing cases of diabetes in the German army and civil population during the war, states that traumatic cases of diabetes following head injuries almost always subsided within a few weeks, while as regards diet the restriction of food had reduced the number of deaths in Berlin from diabetes to less than one-half of the numbers from this cause in the four years before the war. Williamson records numerous cases illustrating a connection between exophthalmic goitre and diabetes or glycosuria; one of these diseases may be followed by the other; in any case the subjects of exophthalmic goitre appear to have a lower tolerance for sugar than other persons, and a family history of diabetes can often be discovered in persons suffering from exophthalmic goitre.

Dietetic Treatment.

Allen, after whom the starvation method of treatment in diabetes is often called, contributes an article on protein diets and undernutrition in treatment of diabetes with some illustrative cases. He gives five principles which act as guides to the character of diet required after the urine becomes sugar-free by fasting: (*a*) the total calories at first should be very low and increased gradually; (*b*) protein is the most important food; (*c*) the tolerance for protein is highest when other foods are excluded or closely restricted; (*d*) the caloric requirement falls with the body weight and may reach a very low minimum;

(*e*) the tolerance rises as the weight falls. In some elderly patients, he states, slight hyperglycæmia and acetonuria may be permissible; but the more severe the diabetes and the younger the patient, the more rigorously should hyperglycæmia and all other symptoms be controlled from the outset, even though such a policy often means a considerable reduction of weight and strength as compared with the level which can be maintained temporarily by higher diets.

Stark makes some critical comments upon the general applicability of the fasting method. Some patients, he says, bear the initial fast very badly and develop gastric catarrh or colitis afterwards, so that the fast may have to be stopped. Others go through the initial fast well enough, but hereafter fall into a much severer acidosis than they showed before. He states that fasting is better borne with less tendency to acidosis by thin subjects than by stout patients, and the latter should be prepared for the complete fast by several days' restriction of fats, butter, oil, etc. Twice he has seen tuberculosis activated some time after the fast, and he considers that the diabetic's span of life is proportioned to his ability to resist infections.

Wilkinson considers that alkalis should be avoided at all costs, apparently believing that these serve merely to mask an increasing acidosis. Anderson is of much the same opinion, and advises as the best remedy for an early acidosis the giving of abundant fluid to drink or salines by the rectum, the amount of acid bodies excreted being directly proportional to the dilution of the urine. He also emphasizes the importance of preparing for the fast by first eliminating fat from the food.

Cammidge gives a method of preparing vegetables which makes them sugar and starch-free. The vegetables are finely shredded and repeatedly extracted with warm water at 60 degrees C.; this does not spoil their palatability so much as prolonged or repeated boiling, and the vegetables can, if desired, be desiccated and preserved for future use after soaking and reheating.

Leyton considers alcohol a valuable adjuvant to the fasting treatment, partly because it supplies a small amount of energy, but also because it renders the patients less irritable and so better able to stand the treatment.

Acidosis.

Piersol considers that the most reliable method of detecting an acidosis is by the amount of ammonia nitrogen in the urine compared with the total urinary nitrogen. The normal ratio

is about four of ammonia nitrogen per cent. of total nitrogen; while in severe acidosis the ammonia nitrogen may be greatly increased to as much as forty-four per cent. Stark holds that the most valuable test of an impending acidosis is the estimation of the carbon dioxide tension in the alveolar air; the normal tension is 40 to 45 mm., and if it falls considerably lower -say 25 or 20 mm., he at once begins treatment by rest in bed, milk diet, and oxygen inhalations. Edgar considers that too much stress is now being placed upon the sugar content of the urine while other manifestations are neglected; and he has frequently seen sugar-free diabetic patients display a greater tendency to intercurrent infections than patients with a marked amount of sugar both in blood and urine; it is more important, he considers, to ascertain how much carbohydrate a patient can assimilate without producing an excess of acid than to render his urine sugar-free.

Diabetes in India.

McCay and others have made a comprehensive study of diabetes in India. They point out that the meat-eating, hard-working Mohammedan escapes, while the Hindu living under similar conditions as to climate, disease, etc., is very prone to diabetes; this they attribute to the causative influences exerted by the ill-effects of a prolonged and excessive one-sided carbohydrate dietary on the Hindu. It is a true diabetes from the first, but of a very mild type, and patients very rarely die of diabetic coma. The urine can, in general, be rendered sugar-free by a low carbohydrate diet of some days or weeks, and thereafter the tissues by gradual building up of the diet are re-educated to utilize carbohydrates. Albuminuria accompanying the glycosuria they find to be of serious import in India.

Pituitary Diabetes.

Koopman has encountered two cases of pituitary diabetes, in which there was great intolerance of protein food. After a tentative course of pituitary extract the sugar was found to have disappeared, but appeared if no pituitary extract was administered for two days; one of these patients gave up the treatment and abstinence from meat, and died of diabetic coma three months later.—*The Prescriber.*

Selections

Senile Painful Hip

A. H. Tubby, F.R.C.S. (*Practitioner*).—By "senile painful hip," is meant a progressive condition of pain, loss of mobility and enlargement of the hip-joint. It is a disease of gradual onset in later life. Unless arrested by treatment its progress is sure, and by no means always slow. The morbid changes are essentially of the nature of "arthritis deformans," or, as it was formerly called, "rheumatoid arthritis." It is more common in men than in women, and may be classed as one of the monarticular forms of arthritis deformans. Not that other joints escape entirely, but affection of the hip-joint overshadows them.

Causation.—In nearly all cases of arthritis deformans, evidences of chronic toxæmia are to be found, if carefully looked for. In 75 per cent. the focus of the toxæmia is in the jaws. To establish this point, examination of the teeth by a dental surgeon is by no means conclusive. X-ray films are required of the whole extent of the dental area of the upper and lower jaws, especially of the apices of the roots. Thus, it is possible to detect evidences of periodontitis, rarefaction and absorption of bone, exostoses of the roots, and, what is of very sinister significance, a "granuloma" at a fundus of a tooth-socket. "Crowned" teeth and those mouths with "crown and bridge" work are especially suspicious.

In the remaining 25 per cent. of cases of chronic toxæmia, associated with arthritis deformans, there are some evidences of intestinal disease and the presence of virulent forms of streptococci or of B. coli poisoning. In others a chronic purulent focus exists, which may be in the tonsils, middle ear, or gall-bladder. Prolonged investigations, chemical, microscopical, and bacteriological, are required to determine the nature of the infection. Nevertheless, so persistent and formidable a disease is arthritis deformans that no trouble is too great to detect the cause.

As to exactly what determines the manifestation of the disease in the hip or other joints, there is nearly always some irritation, of the joint, using the word in a wide sense. In the hip joint it is usually traumatic, a blow, a fall on the trochanter, a sprain of the joint and frequently a congenital or acquired shortened limb. Many cases are improved by the addition

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of a cork sole of sufficient thickness to the boot or shoe on that side.

Symptoms.—The earliest symptoms are slight stiffness and aching in the hip-joint, especially after a hard day's work or prolonged and unusual exercise. Accompanying this is pain in the adductor region of the thigh and in the area supplied by the obturator nerve. As the disease increases, so does the pain in this area; then spasm of the adductor muscles follows, with some loss of abduction at the hip-joint on passive movement. By this time, the disease is established. Next follow in order, diminution of active and passive rotation of the joint, increasing loss of abduction, limitation of flexion, of hyperextension and circumduction; until, in advanced cases, total loss of mobility ensues. Long before this occurs, it is possible to detect by palpation that the upper fourth of the femur is thickened, compared with the opposite side, and that shortening of the limb has occurred. Some cases develop coxa vara, and about 20 per cent. complain of pain in the sciatic nerve, which is often called "sciatica," and treated as such.

Radiography.—The first signs in the bones are slight changes in the outline of the head of the femur. In one or two places a more or less conical projection is seen, as if the bony substance has been squeezed outward into a small pyramid. This appearance is more frequently seen at the upper end of the meridian of the spheroidal head than at the lower. It is very constant, and is a valuable sign. Other changes soon appear: irregularity and fitting of the articular cartilage, destruction of the normal outlines of the acetabulum and head of the femur, formation of osteophytes, rarefaction of the cancellous tissue, bending downward of the neck of the femur or coxa vara, thickening of the trochanter. When so-called sciatica of a persistent or intractable nature is present, an osteophyte of moderate size can be seen on the posterior aspect of the head of the femur or on the neck. The writer has removed such an one for severe pain, with relief.

Treatment may be summarized under four headings—

1. Treat any cause of chronic toxæmia.

2. Neutralize the effects of any chronic irritation of the joint, such as the static effects of a shortened limb.

3. Diminish intra-articular pressure, whilst conserving the movements of the joint.

4. Auxiliary means of treatment such as counter-irritation,

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In cases of moderate severity in which walking is painful, the patient should lie in bed for from 4 to 6 weeks, with weight extension on the limb, acting from above the knee, as well as from the ankle. It is better to apply weights to both legs, in the proportion of 3 for the affected side to 2 for the normal side, as is done by the writer in tuberculous hip-joint (cf. "*Deformities*," second edition, Vol. II., p. 253). Careful selection, to be gained only by experience, should be made of the adjuvant means mentioned under heading 4. Gentle passive movements of the joint may be carried out 5 to 10 times once, or at most twice, daily. If they cause increased pain or additional spasm, less movement is indicated.

When the adductor pain has subsided, the pain in those muscles is lessening, and the degree of flexion is increasing. The lying-up treatment is then relaxed. The patient is allowed to get up for some hours daily, wearing, however, mechanical arrangements to permit movement of the hip-joint with diminution of the intra-articular pressure.

However this may be accomplished, the essential point is to transmit the weight of the body on the affected side in standing and walking from the tuber ischii directly to the heel of the boot, and so to the ground. This is effected by a walking apparatus, consisting of a pelvic girdle and two lateral steel uprights. The outside one extends to the heel of the boot, and is attached to the pelvic girdle. It has, however, hinge-joints at the ankle, knee, and hip; and a "ring-catch" is so arranged at the knee-hinge that the patient can release the hinge at the knee, so as to permit flexion of that joint in sitting. He must, however, always maintain the knee in full extension in standing and in walking; otherwise, the purpose of the apparatus is lost. The inner lateral steel support extends from the heel of the boot to the tuber ischii, and has hinge-joints at the ankle and knee. The upper end of the inner lateral upright terminates in a pad, carefully moulded to fit the tuber ischii, and on which it rests firmly.

The intra-articular pressure due to the body-weight is neutralized by the ischial crutch. But a proportion of intra-articular pressure is transmitted upwards to the joint from the foot in contact with the ground. This is largely disposed of by making the limb-portion of the apparatus about ½ in. longer than the limb. The patient then walks on the ball of the toes

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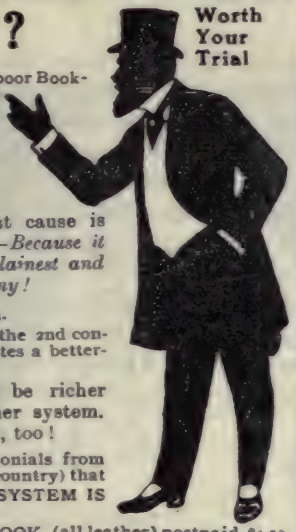

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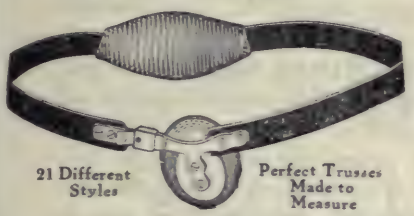

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in the boot, while the skin of his heel is ½ in. from the upper side of the leather of the heel of the boot. Thus, the limb becomes more or less of a pendulum, swinging from the hip, and acting with diminished intra-articular pressure at the hip-joint.

Under this treatment cases taken in the early stages can be relieved of the disability. At a later or median stage mobility can be improved and pain relieved and lameness prevented. In the later stages, with extensive disorganization of the joint and intolerable and increasing pain, affecting the general health the question of enucleation of the head of the femur after free section of the adductors, and putting the limb up in the abducted position, should be considered.—*The Medical Review.*

Surgical Treatment of Burns

Walter Estelle Lee (*Therap. Gazette*), presents the following instructive summary of his views on this subject: 1. As burns differ widely in degree, character of tissue destruction, bacterial content and progress of healing, no one procedure as a local measure will prove equally valuable for all cases and all stages. 2. The same factors, infection and necrotic tissues, are present in burns as in all traumatic wounds, and therefore the same principles apply to their treatment. 3. The covering of burns with impervious dressings such as wax films is to a certain extent comparable to the surgical closure of traumatic wounds and should be governed by the type of infection, the bacterial content, and the presence of necrotic tissue. 4. The débridement of burns by surgical excision, though theoretically ideal, is usually a mechanical impossibility. Dakin's solution, when it can be borne by the patient, removes the necrotic tissues of burns in the same satisfactory manner as in traumatic wounds, but, unfortunately, only a small proportion of patients will endure the pain which its application to such hypersensitive surfaces causes. In the majority of our cases we have had to be content with natural tissue autolysis assisted by the mechanical cleansing of a daily immersion in normal salt or 1 per cent. sodium bicarbonate solutions. 5. Until the condition of surgical sterility is obtained we have found a dressing consisting of a single layer of wide-meshed paraffined gauze and the exposure of the part to the air provide the necessary drainage and a dressing that will float off the wound with minimum trauma, at the time of the daily immersion. 6. It is usually necessary

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to employ chemical antiseptics to obtain and maintain surgical sterility of burned surfaces if they are exposed to the air. The chlorine group have been the most satisfactory in our experience; however, unusual care must be taken in their preparation and they should be tested to avoid the application of irritating chlorine, or hydrochloric acid when using dichloramine. 7. The covering of these surgically sterile wounds with wax films will often maintain their sterility and thus provide the best conditions for the growth of the new skin. 8. The rate of growth of new skin and of grafted skin is at the maximum upon surfaces which have reached the condition of surgical sterility in the shortest interval of time. 9. The amount of scar tissue formed, and the consequent contractures, are in direct relation to the severity and duration of the infection.—*International Journal of Surgery.*

Unregarded Warnings

There is no post bellum for doctors, for theirs is an unending fight against greed, ignorance, and disease. One doctor who served during the war, in France, has had to take a post at a mining station in Mexico and says: "Bolshevist literature is being circulated among the soldiers urging them to combine with workmen to seize productive industries."

The seed is being sown. What is the mining company doing even to mend existing health conditions? Nothing. "There is no water near the mine, and no springs nor wells except on the other side of the mountain. The company brings water by railroad in tanks every day and fills the tanks at hospital and American homes at cost of about five hundred dollars a month. The poor Mexicans have no provision, and carry water for family use and for their animals from tanks about three or four miles away and pay two cents a bucket. Naturally there is little or no bathing, and I have seen them washing several garment in two quarts of water. Discontent is spreading. We may have some excitement here, as there is considerable bubonic plague about sixty miles down the valley. It has been gradually encroaching on the highlands from Tampico for about a year, and is slowly moving towards the interior. The company sent us some plague serum, but I have little confidence in it."

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capped by insanitary conditions he, alone, cannot mend, and who sees trouble ahead in advancing plague. Added to this he sees Bolshevism threatening, not unnaturally, among natives who see rich mining companies take all they can get at the cheapest cost and leave the country worse for their coming.—*N.Y. Med. J.*

Ocular Symptoms in Lethargic Encephalitis

Dameno (*Rev. Sud. Amer. di Endocrin*, August 15th, 1920) made an ophthalmological examination of six cases of lethargic encephalitis with the following results: The optic nerve did not show any changes. The external or internal ocular muscles, and sometimes both, were affected. As a rule there was only a slight paresis, and in only one case was there a true paralysis, the oculo-motor nerve was the one most frequently affected. In no case did the lesion involve the whole nerve as in syphilis. The ocular movements were affected in two respects—namely, in limitation of their extent and in a diminution of their rapidity. No signs of affection of the sympathetic were found, even in three patients who showed vasomotor flushes of the face.—*B. M. J.*

An Example in Courtesy

Many veterans of the World War who returned to civil life minus a limb or an eye, or perhaps with even more disfiguring physical disabilities, do not direct attention to these marks of distinction by wearing the Victory Medal or other symbol of service. The public, therefore, must surmise, without being certain of the correctness of the conjecture, that such men met accident in the course of war and not in civil life. Nevertheless, one has heard all too often, since our boys have been demobilized, "Ah! yes, the world so soon forgets!" The world has not forgotten and can never forget the sacrifices made during the terrible conflict. It is well, however, that we have such an excellent example of courtesy to our sick and wounded soldiers as that recently set by Major-General Leonard Wood, U. S. Army, commanding the Sixth Corps Area at Fort Sheridan, Ill. In a recent order dealing with military courtesy, reprinted in part in the *Army and Navy Journal*, General Wood said: "Fort Sheridan is still honored by the presence

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of many sick and wounded soldiers from the battlefields of the World War. The commanding general will set the example in showing special consideration of these disabled soldiers and will salute those who are unable to salute first as they would wish. It is desired that this policy characterize the officers of this command as a mark of respect to those men who have served so well." This example of soldierly courtesy to those sick and wounded in war may well be followed, in spirit, by all who minister in any capacity to the sick anywhere.—*Medical Record.*

Treatment of Wounds of Knee-Joint

W. B. Owen (*American Journal of Surgery*) gives the following conclusions in regard to the Willems method of treatment: 1. All surgical methods of draining the knee joint in suppurative arthritis have certain drawbacks. 2. The Willems method in suppurative arthritis produces free drainage of pus, promotes circulation of synovial fluid with maximum power of resistance, and stimulates blood supply to the joint. 3. The practical requirements of treatment are: *a*, free drainage, and, *b*, active movement. 4. Reports have shown that in about fifty per cent. of the cases treated a useful mobile joint has been obtained. 5. The Willems method should not be employed if delayed until the fulminating stage has been reached.—*N.Y. Med. J.*

Treatment of Stricture

A. Ravogli (*American Journal of Surgery*) states that the treatment of urethral stricture has for its aim the enlargement of the lumen of the urethra and maintaining its enlarged calibre by dilatation. Dilatation is effected gradually and gently by the use of sounds, which, massaging the scar tissue of the urethra, causes its absorption. The maximum of effect should be produced by the minimum of effort, for the effect is due not to the pressure of the sound, but to its mere contact. Passing a sound by force will tear and bruise the mucous membrane and consequently increase the inflammatory reaction. A steel sound must go in without effort. In this way the presence of the sound will be able to lessen the congestion at the point of contact, correct the irregularities in the canal and

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Adenitis in Herpes Zoster

According to Ramond and Lebel (*Bull. et Mém. Soc. Méd. des Hôp. de Paris*), the primary adenitis of herpes zoster, which was first described by Barthélemy in 1892, presents the following characters: Its position is determined by the topography of the eruption, the axillary glands being affected in zoster of the upper limb and of the supra-umbilical portion of the trunk (this includes intercostal zoster), the inguinal glands in abdominal zoster and zoster of the lower limbs, the pre-auricular glands in ophthalmic zoster, the suboccipital in occipito-cervical zoster, the submaxillary and suprahyoid in superior or inferior maxillary zoster, and the superficial cervical in zoster of the neck. Like the eruption, the adenitis is unilateral. It appears at an early date, before any ulceration of the skin. Spontaneous resolution always takes place, and suppuration and chronic adenitis are unknown. Secondary adenitis in zoster is not a symptom, like primary adenitis, but a complication due to infection of the vesicles. It is relatively rare, is always a late event, and shows a tendency to suppurate. Uncomplicated herpes simplex and zosteriform eruptions are not accompanied by adenitis.—*B. M. J.*

Vaginal and Cutaneous Diphtheria

Lendeertz (*Med. Klinik,* 1920, No. 6) records the case of a child of 5, who, shortly after the death of two sisters from diphtheria, was suddenly seized with pains on urination. The neck and nose were normal, but there were reddening and swelling of the vulva and vagina, and an impetiginous condition of the mons veneris; later, infiltrated, ulcerated swellings were found in the coccygeal and gluteal regions, and the vaginal inflammation became definitely membranous. The inguinal glands were swollen and painful; diphtheria bacilli were found

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in the cutaneous and genital lesions. During convalescence paresis of the palate and of both abducent and both oculo-motor nerves was noticed, together with urinary and fæcal incontinence.—*B. M. J.*

Pseudo-Tuberculosis of the Peritoneum

Puccinelli (*Rir. Osped.,* July 15th, 1920) records two cases, one of which was that of a perforated duodenal ulcer and the other that of a perforated appendix, in which at laparotomy the peritoneum presented the appearance of tuberculous peritonitis, being sprinkled over with small nodules resembling tubercles. On microscopical examination, however, no tubercle bacilli were found, and, apart from giant cells, which may occur in many other conditions, there was nothing resembling a tubercle. The nodules were due to the reaction of the tissues round the foreign bodies which had escaped from the perforated organs into the peritoneal cavity.—*B. M. J.*

Dr. Crozier

We record with much regret the death of Dr. John Beattie Crozier, who was well known as a writer upon philosophy, history, and economics. Dr. Crozier used often to write letters to the *Spectator,* and they were characteristic of the man. In some ways—in his mental and literary technique—he fell short of his high aims, but his sincerity, his chivalry, his entire goodheartedness, and his reverent grappling with the greatest of all problems with which man can deal, were always an inspiring influence. Perhaps what appealed to us more than anything else in his character was his unreserved sympathy with and his admiration for youth. He never looked backward with repining or self-pity. He urged young men on, took delight in their performance, and was incapable of jealousy. In a letter to the *Spectator* about Donald Hankey's articles, he exclaimed —we quote the sense and not the exact words—"I salute the young prophet. He has put into words exactly what I have been trying in vain to say all my life!"—*Spectator* (*Eng.*) *Jan.* 22.

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Original Communication

THE OPIUM AND NARCOTIC DRUGS ACT

By F. W. Cowan.

Director Division of Opium and Narcotic Drugs, Department of Health, Ottawa.

At the outset I wish to thank you for the very kind invitation which you have extended to me to address you this evening in connection with the administration of our laws governing the sale and distribution of opium and cocaine, and their respective salts and derivatives. The subject is a very important and interesting one, and I am sure all present will be glad to hear something of the system in vogue in Canada for the suppression of the illicit traffic which is being carried on in these powerful drugs, for the enormous profits made, and the efforts of the Government to suppress this illicit traffic.

As many of you here present are no doubt unfamiliar with the laws which have been in existence prior to the Act which was passed at the last session of Parliament to deal more effectively with this traffic, I propose to retrace the steps that have been taken from time to time to cope with this drug traffic, and to explain briefly the causes which made necessary the passing of the first Act by Parliament to deal effectively with the trade in opium, particularly opium prepared for smoking.

In the latter part of the year 1907, and in the early part of the year 1908 the people of Canada were alarmed by certain riots which occurred on the Pacific coast. In connection with these riots damage was done to property of the Chinese residents in the coast cities, and the claims they presented to the Government for compensation included an enormous amount

for the destruction of important quantities of opium, indicating the extent of the trade on the Pacific coast in that powerful drug.

At that time, the Hon. W. L. McKenzie King, now Leader of the Opposition in the House of Commons, who was then Deputy Minister of Labor, was sent to the Pacific coast to investigate and report on the situation then existing. Mr. King on visiting the Pacific coast found that in the cities of Vancouver, Victoria and New Westminster, there existed several factories carrying on an extensive business in opium manufacture. The annual gross receipts of these combined concerns amounted to, for the year 1907, between $600,000 and $650,000. The crude opium was imported from India in cocoanut shells and manufactured by a process of boiling into what was termed "Powdered Opium," and subsequently into opium prepared for smoking. The returns showed that at that time a large amount of opium was imported annually. The value of the crude opium imported year by year was shown at that time to be increasing at a very rapid rate. In the year 1900, 56,630 lbs. of opium were imported, and the quantity had increased year by year until in the year 1908 it had reached the enormous amount of 88,013 lbs. or, in other words, over 44 tons. Between 70 and 100 persons were employed in these opium factories at the time, and some of these factories had been in existence for over twenty years, but the majority of them had been recently established. It was asserted by the owners of these establishments that all the opium manufactured was consumed in Canada by Chinese and white people, and Mr. King was assured by the Chinese interested in this industry that almost as much opium was sold to white people as to the Chinese, and that the habit of opium smoking was making headway, not only among the white men and boys, but also among the women and girls. The truth of these statements was borne out to some extent by the fact that almost daily in the police courts of the cities mentioned, women appeared before the magistrates with the terrible effects of the indulgence of opium written upon their faces.

When Mr. King had concluded his investigation into the conditions on the Pacific coast, as he found them, he returned to Ottawa and embodied his findings in a report which was submitted to Parliament, which happened to be in session at the time.

As a result of this report the Act of 1908 was passed,

being chapter 50 of the statutes of that year. This was the first measure placed on the statute books dealing with the suppression of the use of opium. Under the provisions of this Act, it was made an offence for any person to manufacture, sell or offer for sale, or to have in their possession crude opium for other than medicinal purposes, and it prohibited the importation, manufacture and sale of opium prepared for smoking.

Towards the end of the year 1908 edicts were issued by the Government of China having for their object the suppression, within ten years, of the habit of smoking opium and the production of opium in China. Proposals were made for the co-operation of the Government of India in this object by the gradual reduction of the amount of opium exported from India to China.

At the beginning of the year 1908 an arrangement was entered into by which the total quantity of opium exported from India would be limited to 61,900 chests in the calendar year of 1908, 56,800 chests in 1909 and 51,700 in 1910. The question of making still further reductions after the year 1910 was to depend upon whether China had in the interval been successful in the reduction of its own production and consumption of opium.

Among the population of the Chinese at that time, there were reported to exist twenty million addicts, and the effect of the step taken by the British Government meant an annual diminution of the Indian export of opium to China, until, at the end of ten years, the production of opium in China and the shipments from India to China would reach the vanishing point.

Towards the end of the year 1908 there was called at the instance of the Chinese Government an international conference at Shanghai to give aid to China to suppress the opium evil, some fourteen countries were represented, and as a result of the prompt and efficient action taken by the Government of Canada in the early part of the same year to deal with this opium traffic, Canada was invited to send a representative to this convention at Shanghai. The Hon. W. L. McKenzie King went as Canada's representative.

The conference at Shanghai agreed to four resolutions. The first, the recognition of the sincerity of China in its desire to eradicate the production and consumption of opium. The second, that each delegate would request his own Government to formulate laws for the gradual suppression of the opium traffic. By the third, it was declared that the trade in opium,

other than in legitimate ways, was a matter to be dealt with by stringent legislation. The fourth resolution declared that as each country found it feasible, measures should be taken to restrict the importation of opium and the export should be prevented to any country which prohibited its entry. The conference at Shanghai also recommended the calling of an international convention at a later date which might result in the suppression to a very large measure of the improper use of opium, morphine and cocaine.

As a result of our legislation passed in 1908 all the opium factories at the coast had been closed up and the imports of opium had dropped from 88,013 lbs. in 1908 to 47,638 lbs. in 1909, and to 3,576 lbs. in 1910, or a reduction of over 40 tons.

It was found, however, that in other parts of Canada the opium evil had spread and the improper use of opium, morphine and cocaine had reached alarming proportions, and strong pressure was brought to bear upon the Government by the various welfare organizations, children's aid societies, and influential citizens in all walks of life to pass further legislation to cope with this ever-increasing evil.

To illustrate the extent to which this traffic had succeeded in some of our large eastern cities I would quote from a pamphlet issued at that time by The Children's Aid Society in the City of Montreal. " The cocaine habit must be stamped out in Canada. It is undermining our boyhood and cutting away the moral fibre of our girls. It is turning our young people into criminals and imbeciles. Older people falling victims to it neglect all that life has held sweet for them in order that they may follow the trail of the scintillating powder. Fiends in human guise buy cocaine from certain quarters, it is then split into small quantities, wrapped in brown paper, each little package being sold for 25c. A dollar's worth of cocaine makes over a hundred such packages. The profit is, therefore, over 240 per cent. The sales are certain. The first samples are distributed to the children free. The samples create a demand and the children come again. It is refused unless they bind themselves to absolute secrecy. A few doses and the habit has grown. The children must have their dope. All moral sense is lost, and in a few months our boys and girls are ruined."

The President of the Children's Aid Society of the City of Ottawa describing the process by which this pernicious traffic had been built up in the cities of Canada declared that it was given free to newsboys and school children until they had

formed the habit. The victims were then furnished with the drug illicitly on the street corners and elsewhere, and enormous profits were derived from the transactions.

In support of the contention of these societies that the drug habit was on the increase many individual cases were cited.

A probation officer of the Children's Aid Society, Montreal, writing on the subject of the drug traffic at that time wrote as follows: "So great has the evil become that one constable has on his book 140 cases in one district. I personally know at least fifty cases, all children between the ages of 12 and 18. Little boys of 11 and 14 have been caught peddling cocaine in houses of ill-fame."

The physical aspect I can but liken to consumption. The deadly work of the drug is done before either the victim or their relatives perceive it. It is usually taken in powdered form and snuffed up the nostrils. The result, particularly with the young, is that the bones of the nose decay and they are subject to hæmorrhages. It is the most diabolical of all drugs on this account, and for this reason, I am told by an eminent physician, that it directly attacks the lining of the nose and brain. The victim becomes emaciated, extremely excitable, nervous, suspicious, fearful of noise and darkness, depressed, without ambition, and bad-tempered to the extent of viciousness. Boys and girls lose all sense of moral responsibility and affection and respect for their parents or relatives, their one thought being to get the dope and be with their friends. So degenerate do they become that the public park, roadside or shed is the same to them as a home. I know boys and girls, none of them over fifteen, all well brought up, of respected parents and good homes who spent nights in sheds scarcely fit for a dog, without food or change of clothing. They will lie, deceive, or steal in order to obtain the drug. Only those who are coming in contact with these poor misguided victims can realize its diabolical effect.

As a result of the representations made to the Government impressing upon them the necessity of passing further legislation to deal with this ever-growing menace, Parliament passed the Act of 1911, known as chapter 17 of the statutes of that year.

Under this Act the use of cocaine and morphine were dealt with in addition to opium.

This measure was very far-reaching at that time and was in advance of any legislation dealing with the drug evil, in

existence in any country in the world, with the possible exception of Japan. Under this Act it was an offence for any person to have in their possession, manufacture, sell or distribute any of these drugs for other than scientific or medicinal purposes. This Act also provided that these drugs could only be sold to a practising physician, veterinary surgeon or dentist, or to a *bona fide* wholesale or retail druggist, or on prescription issued by a physician, veterinary surgeon or dentist, and all sales of such drugs were required to be recorded.

It was also made an offence for any person to smoke opium or to have opium prepared for smoking in their possession or to be found in a house or resort kept for the purpose of opium smoking.

It further provided that any physician who signed any order or prescription for the filling of which any drug was required unless such drug was required for medicinal purposes or prescribed for the medical treatment of a person under professional treatment by such physician, was guilty of a criminal offence.

Very heavy penalties were provided for infractions of the Act.

Towards the end of the year 1911 the international opium conference was called at the Hague as a result of the resolutions which had been passed at the Shanghai Conference in 1908.

A synopsis of the agreement reached at that convention was as follows:

With Regard to Raw Opium.—To control the production and distribution of raw opium. To limit the number of ports and towns from which the export or import of raw opium should be permitted. To take measures to prevent the export of raw opium to countries which shall have prohibited its entry. To mark all packages containing opium intended for export so as to clearly indicate the contents. To prohibit the import or export of raw opium except by duly authorized persons.

With Regard to Prepared Opium.—To take measures for the gradual and effective suppression of the manufacture, and internal trade in, and the use of prepared opium, and to prohibit the import and export of prepared opium.

By prepared opium is meant the product of raw opium obtained by a series of special operations, especially by dissolving and boiling, and fermentation, designed to transform it into

an extract suitable for consumption. Prepared opium also includes dross and all other residues remaining when opium has been smoked.

With Regard to Medicinal Opium which included Morphine, Cocaine and Heroin.—To enact pharmacy laws or regulations to confine to legitimate purposes the manufacture, sale and use of morphine and cocaine and their respective salts, and to co-operate to prevent the use of these drugs for any other purpose, and to pass laws licensing all persons manufacturing, importing, exporting, selling or distributing these drugs, or to require that all such persons so engaged shall furnish to the competent authorities a declaration to the effect that they are so engaged and to require that all licensed establishments and premises for manufacturing purposes keep an accurate record of the quantity imported, used in manufacturing, sold or distributed. To prohibit, as regards internal trade, delivery to any unauthorized persons.

The convention was to come into force three months after all countries had signed. Laws to be drafted not later than six months after. There was much delay in getting preliminaries through. The protocol was open for signature in May, 1914. Canada had agreed to ratify in 1913; 44 out of 46 countries represented agreed to ratify, the exceptions being Germany and Austria.

The war broke out and ratification was left in abeyance. At the conclusion of hostilities when the treaty of peace between the Allied powers and Germany was being drawn up, provision was made whereby the international opium convention would be incorporated in the peace treaty and brought into force. A similar provision was inserted in the peace treaty with Austria and in the peace treaty with Bulgaria.

Article 295 of the treaty of peace with Germany, and Article 174 in the treaty of peace with Bulgaria reads as follows: Those of the high contracting parties who have not yet signed, or who have not yet ratified the opium convention signed at the Hague on the 23rd January, 1912, agree to bring the said convention into force, and for this purpose to enact the necessary legislation without delay and in any case within a period of twelve months from the coming into force of the present treaty.

As a result of this convention being incorporated in the peace treaty, we were obliged to amend our existing laws in

conformity with the provisions laid down in this convention, and for this purpose an Act was passed at the last session of Parliament known as chapter 31 of the statutes of the present year. This Act was brought into force by proclamation of the Governor-in-Council, published in the issue of *The Canada Gazette* on September 20th last.

The Act was drafted after very careful consideration, and is very far-reaching in its effect in so far as providing machinery to cope with the suppression of the illicit traffic in narcotics.

The guiding principles which were kept in mind when the Act was being drafted were to comply with the various articles laid down in the international opium convention and to provide machinery to deal effectively with the illicit trade in these drugs, and, at the same time, to have an Act that would not be oppressive or cumbersome to the medical practitioners and druggists of this country.

Under the terms of the convention the Government had the alternative of licensing every person who was engaged in the import, export, manufacture, sale or distribution of these drugs or requiring them to make a declaration to the effect that they were so engaged.

Under the Harrison Law of the United States, which was passed in 1914, and as a result of the international conference which had been held at the Hague in 1911 and 1912, the United States being one of the first countries to sign this convention, all medical practitioners, dentists and veterinary surgeons are required to obtain an annual license, for which a fee of $3 is charged. All retail druggists must obtain an annual license and pay a fee of $5. All wholesalers pay $12.50 for an annual license, and manufacturers $25. In addition to having physicians, dentists and veterinary surgeons obtain a license they are also required to keep an accurate record of the quantity of drugs received, dispensed, prescribed or given away, and all sales of such drugs can only be made on prescribed forms, which must be obtained from the revenue offices in the various districts. In addition to this, the United States Government collects one cent an ounce on all narcotic drugs which are sold in the country.

Under our Act, which was passed at the last session, and came into force on September 20th, all wholesale druggists, manufacturers and dealers, other than retail druggists, are required to obtain an annual license to manufacture, sell or dis-

tribute narcotics, for which a fee of $25 is charged, and all retail druggists who manufacture preparations containing narcotic drugs for sale, other than on prescription, are required to obtain an annual license for which a fee of $5 is charged.

All practising physicians, veterinary surgeons, dentists and druggists other than those who manufacture, who are engaged in the sale or distribution of narcotic drugs, are required to make a declaration to this effect. This declaration does not require to be renewed annually as in the case of the licensing system, and there is no charge whatever made in connection with this declaration.

For the information of those concerned it might be well to explain here what is meant by the term "engaged in the distribution of these drugs," as defined in the statutes. Any physician who obtains supplies of narcotics in any quantity whatever to administer directly to his patients, as for instance morphine tablets for hypodermic use, or cocaine for use as a local anæsthetic in connection with minor operations, etc., and all dentists or veterinary surgeons who obtain supplies of these drugs in any quantity whatever for use in connection with their practice, are considered under the Act, to be engaged in the distribution of these drugs, and are therefore required to make the declaration in question.

Under the Act, all wholesale and retail druggists, manufacturers, importers and dealers, are required to keep a very accurate record of the quantity of drugs received, used in manufacturing, sold or distributed, but provision is made for exempting physicians, dentists and veterinary surgeons from the necessity of having to keep a record of the drugs they receive and use in connection with the practice of their profession.

There is a provision in the Act, however, whereby every physician, veterinary surgeon or dentist must, on request, furnish any information with respect to the drugs received, dispensed, prescribed, given away or distributed by such physician, veterinary surgeon or dentist. This provision was incorporated in the Act for the sole purpose of providing machinery whereby the department could deal with physicians or others who might be found from time to time to be administering or prescribing these drugs to individuals simply for the gratification of their appetite in this regard and for commercial gain.

In the administration of this Act it is not the desire nor the intention of the department to interfere in any manner be-

tween the physician and his patient. Where a patient of a physician is being treated by the physician in the ethical sense, the physician has nothing to fear from the department.

The governments of the world having united in a convention to restrict to the utmost the requirements of the medical profession in the use of narcotics, we, in Canada, are simply trying to carry out our part of this convention.

An habitual user of these drugs going to a doctor for assistance should, and must, become a patient of the doctor's, and the doctor's immediate concern should be to cure this patient of the habit and correct the ill effects which have arisen therefrom. Whether this takes a month or four months must be left largely to the discretion of the physician, but under the convention the department must be satisfied that the physician is treating the individual as a patient, and is endeavoring to effect a cure, and is not simply administering to his appetite for commercial gain.

The department has full confidence in the medical men of Canada, and has every reason to believe that they can be depended upon to live up to the spirit of the Act.

Since the administration of the Act was placed under the Department of Health, about a year ago, the department has been successful in reducing by a very large amount the quantity of these drugs imported into and used in Canada at the present time in comparison with the quantities imported prior to the licensing system coming into effect.

For the three months ending June, 1919, before the licensing system was in effect, there was imported into Canada 23,073 ounces of cocaine, and for the corresponding period of the present year, under the licensing system, 605 ounces. For the three months ending June, 1919, 12,835 dollars' worth of codeine, and for the same period of the present year 5,816 dollars' worth. For the three months ending June, 1919, 11,098 ounces of morphine, and for the corresponding period of the present year 3,978 ounces. For the three months ending June, 1919, 7,931 lbs. of crude opium, and for the corresponding period of the present year 992 lbs.

It will therefore be noted that the department has succeeded in reducing by a very large amount the quantity of these drugs being imported into Canada, and we have every reason to believe that the quantity being imported at the present time can still be further reduced by a very considerable amount

without any way causing any one to suffer for the need of narcotics for legitimate purposes.

Under the Act provision is also made for the sale of preparations intended for internal use, other than on prescription, which do not contain more than 2 grains of opium, or more than ¼ of a grain of morphine, or more than ⅛ of a grain of heroin, or more than 1 grain of codeine, to the liquid ounce; provided, however, that such preparations must be medicated sufficiently to preclude the possibility of their being purchased simply to obtain the narcotic effect, and, furthermore, all such preparations must have printed in a conspicuous place on the label or wrapper of the packages, the following warning:

> It is Unlawful to Administer this Preparation to a Child Under Two Years of Age as it Contains (insert name of drug) and is Dangerous to its Life.

This section was incorporated in the Act to meet the demand of the retail druggists who maintained that it would be a hardship on the poorer classes if they were obliged to obtain a prescription in order to purchase a cough syrup containing a little codeine or similar preparations, and it was further pointed out that under the international opium convention provision was made for the sale of certain preparations unrestricted containing not more than 0.2 per cent. of morphine, or more than 0.1 per cent. of cocaine, or more than 0.1 per cent. of heroin, and further that under the Harrison Law of the United States provision was made for the sale of preparations containing a very limited amount of these drugs.

The Government was not so much afraid that adults might become addicted to the use of narcotics in such small quantities contained in a mixture with other ingredients, but there was another very important phase of the question to be considered, namely the protection of the health of the babies.

A number of manufacturers in some parts of Canada were doing an enormous trade in the manufacture and sale of soothing syrups, etc., prepared ostensibly for the purpose of being given to very young children. As an instance of this, a retail druggist in one of our large cities manufactured and sold in one year 5,600 gallons of aniseed syrup, and 4,140 gallons of soothing syrup, which preparation contained half a grain of morphine to the liquid ounce, with the legend on the label that the preparation produces natural sleep, the dosage prescribed

on the label for a child of three months being equal to the maximum amount permitted for a child of ten years of age under the Proprietary or Patent Medicine Act, prior to the use of opium or its derivatives being prohibited.

For the reasons I have just stated it was made an offence, under the Act, to administer preparations containing narcotics to children under two years of age.

As none of these drugs originate in Canada, they must, of necessity, be imported, and before this can be done a license must be obtained. Conditional upon the license being granted the applicant must take an affidavit to the effect that the drugs he intends to import will all be used for scientific or medicinal purposes, and that he will report at the end of each month his sales of these drugs so imported.

When these reports are received in the department they are carefully tabulated and the department therefore has a very accurate record at all times of the quantity of the various narcotics received by every physician, veterinary surgeon, or druggist in Canada, and in any case where it comes to the attention of the department that a physician or a druggist is receiving what is considered abnormal supplies to meet his requirements for legitimate purposes, the matter is further followed up and after investigation if it is found that the physician or druggist in question is commercializing in these drugs, all wholesale druggists and importers in Canada are notified that all further orders for narcotics received from such physician or druggist must first be submitted to the department before being filled.

In this way the department is in a position to pass on the quantity which should be allowed to them, the amount being based altogether on the demand they have for the drug for legitimate purposes. This procedure applies also in the case of veterinary surgeons or dentists.

Any wholesaler or importer who would continue to supply these drugs after having been notified by the department, would, in turn, be deprived of receiving further supplies of these drugs.

Reports are also received from all retail druggists in Canada showing their sales of narcotics, and when these returns are received by the department it can be readily ascertained if any physicians, veterinary surgeons or dentists are prescribing these drugs in large quantities, and the department is then in a position after further investigation to prose-

cute those physicians who persist in the practice of prescribing these drugs in large quantities to drug habitues without any attempt whatever to treat them in such a manner as to effect a cure.

All manufacturers, wholesale druggists and importers must obtain an annual license to deal in these drugs, and this license can be cancelled in the event of the licensee being found guilty of an infraction of the Act.

Another interesting phase of the work in connection with the suppression of the illicit traffic in these drugs is the smuggling end of it. Owing to the large profits which are derived from the sale of narcotics for illicit purposes many firms and companies have been formed for the sole purpose of importing these drugs into Canada by various ways and means. Only a few months ago the customs authorities intercepted a shipment of drugs worth approximately $15,000 invoiced as quinine sulphate, which, when examined were found to be morphine, heroin and cocaine. This shipment had been invoiced and labelled under the innocent name of quinine sulphate for the sole purpose of deceiving the customs officers to get them into the country and would have netted the importer a profit of $100,000 to $150,000 had he been successful in getting these drugs into the country without being caught.

Only recently another large shipment was intercepted by the customs, valued at approximately $10,000 to $12,000.

A short time ago a shipment of innocent looking statuettes arrived at the port of Quebec, and as the customs authorities had advanced information from France of this shipment, which was stated to contain narcotics, a very close examination was made on the arrival of the goods. It was found that these statuettes had been sawed in two, filled with morphine and re-cemented up and colored over so as to make it almost impossible to detect them by the closest examination.

Companies have been formed with a capitalization of one quarter of a million dollars and have at their disposal aeroplanes and automobiles for transporting liquor into the United States, and on return bringing a shipment of drugs into Canada.

In connection with this work I think it only proper that I should mention the fact that the customs officers and the members of the Royal Canadian Mounted Police who are now located in nearly all the principal frontier towns and cities across the border, are, to a large extent responsible for the sup-

pression of the traffic in narcotics through the underground route, and to them much of the credit should be given for the good work which is being done.

It is one of the most difficult tasks imaginable to apprehend the persons responsible in many cases for the distribution of these drugs throughout Canada, and it is only owing to the fact that the Federal Police have facilities for dealing with this matter simultaneously in many parts of Canada at the same time that the department is able to get at the real offenders in many cases.

As an illustration, some time ago the police were instructed to make investigations in a certain city in Canada as to the traffic in these drugs, and as a result of their investigations it was ascertained that hundreds of young men and women, most of them not yet out of their teens, were addicted to the use of cocaine. Some of them had only been using it for a few months, while others had acquired the habit in years gone by.

In a report received by the department it was shown that in many of the dance halls and cheap picture shows these drug peddlers were very numerous.

The practice adopted in spreading this habit was to shake a little white powder, known to the underworld as "snow," which is a combination of cocaine and powdered borax, on the back of the hand of their friends and suggest that they sniff it up the nostrils. The effect is instantaneous, and if at all fatigued or tired acts as a stimulant and brightens up their mind. After this happens for a few times the recipients generally enquire whether they might procure some of this powder and the dope peddler then informs them that if they wish he can get them a little. This he does, giving them a small package for which he charges a nominal sum of one dollar, and the result is you have another addict, and so it goes on down the line until in this particular centre there are hundreds of young men and women addicted to the use of this powerful drug, which goes to prove that addicts breed addicts. This is a fact borne out to some extent by a study of the analysis made of 3,000 persons who passed through a clinic in New York last year, which was opened for the treatment of drug addicts. When this clinic was opened very accurate statistics were kept of the first 3,000 persons who were treated. Of this number 2,647 were male, and 615 female. The stated causes of addiction were as follows: Illness, 429; other causes,

curiosity, pleasure, trouble, etc., 351; association, 2,482, which bears out to some extent what I have already said.

Among the age groups 908 were between 15 and 19 years, 927 between the ages of 20 and 25 years, 711 between 26 and 30 years, 523 between 31 and 40 years, 133, 41 years or over.

In connection with these statistics Doctor Copeland says: "To my mind the most striking thing about these figures is that the large majority of the patients are under 25 years of age, and nearly one-third are not out of their teens. Our patients are just misguided and unfortunate boys and girls—mere children. That more persons past the age of 40 do not appear, means that the addict dies young, the ready victim of tuberculosis or some other acute infection. The drug traffic on the present scale is so recent that only the young are at present affected."

In conclusion, let me state that the department is only concerned with the suppression of the illicit traffic carried on in these powerful drugs; as I have already explained, the Act is designed to work as little hardship or inconvenience to the medical profession as possible, and at the same time provide machinery to deal effectively with this traffic.

When you, as medical men, knowing the power and effect of these drugs upon the mind and body of the human system consider that there are individuals going about this country creating addicts for the sole purpose of the money to be made out of their poor and unfortunate victims, I think you will agree with me that no law can be too drastic to deal with these people who are engaged in this nefarious traffic.

Editorials

GLOVER'S CANCER SERUM

The *Jour. A.M.A.* has been giving us some information recently regarding "cancer cures." In its issue, Jan. 1st, it pointed out that letters were being sent to the physicians of the United States by Dr. Glover, these letters being mailed in New York City, not Toronto.

In its issue, Feb. 5th, it said that the circularization was continuing undiminished, but the letters then sent out bore a different return address on the back of the envelope. The envelopes are the same but the words "T. J. Glover, Research Laboratory, 538 Jarvis Street, Toronto, Canada," have been crudely crossed out, the following words being substituted with a rubber stamp, "Mrs. Stewart, 309 W. 54th St., New York." Still later, the word "Mrs." has been changed to a simple "M."

We are told by a correspondent in the Toronto *Mail and Empire*, January 22nd, that "the report from the experts (referring to the interim report issued by the Academy of Medicine, Toronto) illustrates how Dame History can repeat itself."

"Some sixty odd years ago a violent controversy raged in the Old Land" concerning Lister and his work. "The high mucky-mucks of the London profession were . . . scandalized and poured on Lister all the malignity and venom of which they were possessed."

Just what "mucky-muck" means we are not certain, but our dictionary tells us the simple word

"muck" means "dung in a moist state" or "anything filthy or vile."

The writer was in London when Lister came from Edinburgh to King's College Hospital in 1876 and remained in that city about a year after. We are sorry to say that there was a good deal of opposition to Lister on the part of some of the surgeons of London, but not the majority. However, even his harshest critics, who were probably Mr. (now Sir) William Savory, of St. Bart.'s, and Mr. Bryant, of Guy's, were never malignant or venomous.

At that time magnificent work in surgery was being done in St. Bart.'s as well as Guy's Hospital. The results in St. Bart.'s were perhaps equal to the best in the world, before or since, and their methods were very largely those now called "aseptic." It happened that their criticisms were chiefly directed against the "spray," although this was really only a part of Lister's system. Lister himself found that the "spray" was cumbersome and useless and gave it up entirely about the year 1888.

To attempt to compare the exploiter of an alleged cancer serum with Lister only indicates the absolute inability of the average layman to grasp the essentials of modern science. Lister's antisepsis was based on the scientifically established work done by Pasteur, while the cancer serum referred to is said to be prepared as the result of research work on cancer growth and propagation, of which not the slightest evidence has been produced or shown to be proven to the investigating committee. The cases are absolutely dissimilar.

THE KOCH CANCER REMEDY

Another cancer cure has appeared in the United States. The *J.A.M.A.*, of Feb. 12th, in answer to questions concerning Dr. William Koch and his cancer remedy says:

" Dr. W. F. Koch, of Detroit, was born in 1885. He graduated in chemistry, for some years was Professor of Chemistry at Detroit College of Medicine, and graduated M.D. from the same college in 1918."

Shortly after graduating he said he " developed " a real specific cure for cancer. He published articles on the subject in two medical journals, one in 1919, the other in 1920 (*Detroit Medical Jour. and N.Y. Med. Record*).

On account of the publicity thus given, the Detroit Medical Society appointed a committee to investigate. In their report, presented December 22nd, they said the local board of health placed at their disposal twelve beds in a hospital, with all nurses and appliances free of charge. Of nine patients who soon came under their care, five had undoubted cancer, and were turned over to Dr. Koch for treatment. Dr. Koch said he ought to have some representative on the committee. The committee agreed to put on any one or more he wished, but he failed to name any. The committee reported further that Dr. Koch was very negligent in his treatment of the patients. He appeared rather careless and indifferent, and soon ceased to make visits. Some of the patients, thinking they were neglected, left, and the remainder were sent out.

A second committee was appointed and reported, January 5th, to the following effect:

Of fifty-six cases, only three showed clinical improvement; twenty-one died; three treated by the Koch injection and also by operation, were improved; eighteen were stationary or unimproved. In eleven the results were unknown, but the reports, as far as received, were unfavorable. Dr. Koch's records were incomplete, and he has submitted no proof that his injections have any particular merit.

The *Journal* says: "Evidently the most that can be said of Dr. Koch's alleged cure for cancer is that the claims made for it have not been supported by independent investigators."

In its issue of February 19th the *Journal* publishes two letters and comments as follows:

"Not the least important element in the story which these two letters tell is the optimism engendered in the mind of the poor cancer patient by the widely-vaunted treatment of Koch, and herein lies one of the most pernicious features . . . All such remedies, whether fraudulent both in their inception and exploitation, or those which, while equally worthless, are honestly put forward, produce a profound and marked temporary change in the patient's condition. It is this that tends to warp the judgment, not only of the unscientific layman, but also of the physician."

RADIUM

An interesting article appeared in the Toronto *Mail and Empire*, March 3rd, regarding the discovery of radium and Mme. Curie's connection therewith. The writer expressed the opinion that this woman holds a position in the world of science higher than any other woman ever attained. She

will visit the United States next May. A women's committee has been formed by our neighbors for the purpose of collecting $100,000 which will be used to purchase a suitable gift for her, which it is hoped will be one gramme of radium with which to continue her investigations.

After the discovery of X-Ray in 1815, Becquerel demonstrated the presence of penetrable rays in salts of uranium. Mme. Curie carried on the experiments and in 1890-1900 isolated two radio-active elements from pitchblend (oxide of uranium) which she named pollonium and radium. Radium emits three kinds of invisible rays, alpha, beta, and gamma, and a radio-active gas called the emanation, which again splits into other products—radium A, B, C, etc.

"Shortly after the discovery of radium, Danlos made the first therapeutic researches and concluded that radium exerted a curative action upon the majority of benign epitheliomata." In 1904 about a dozen others had results more or less favorable. "Radium therapy made little progress until Wickham began his extensive investigations in 1905."

Sir Malcolm Morris, in the preface in the English edition of Wickham's book on radium therapy (1910), said:

"The medical profession is as eager as were the Athenians of old to hear of any new thing, and it is somewhat prone to welcome a therapeutic novelty with excessive enthusiasm and, when the inevitable reaction occurs, to dismiss it with perhaps undeserved deprecation. . . . Radium has been no exception . . . has been hailed as the long-expected

cure for cancer. It has raised hopes or expectations which are not justified."

Sir Malcolm goes on to say he " thinks the judicial temper brought by Wickham to the study of the problem will be of great assistance."

In this book Wickham reported good results in "malignant neoplasms in the skin, lymphatic glands, uterus, breast, and buccal mucous membranes.

The London Radium Institute published its first scientific report for the year 1912 in January, 1913. Six hundred and fifty-seven tumors, benign and malignant, were treated. Seven were apparently cured, 39 decidedly improved; 20 not improved; 23 abandoned treatment; eight too recent to be classified; 22 died.

I shall make no attempt to give the wonderful results achieved during the last eight years.

A. H. W.

EPIDEMIC HICCOUGH

Dr. Hodgetts, Chief of the Division of Statistics and Publicity, Department of Health, Ottawa, has issued a circular regarding epidemic hiccough.

It has been prevalent, to a considerable extent, in France and, to a less extent, in Great Britain, for some weeks. Its onset is comparatively sudden, with slight febrile symptoms, its duration being usually two to three days. The hiccough occurs in rhythmic crises lasting from half an hour to one and a half hours and separated, during the day, by intervals of similar duration. During the attack the spasms occur at the rate of six to eight a minute and are usually absent or slight during the night,

not, as a rule, interfering with sleep. It has been confined almost, but not quite, to males. In France, it is supposed to be closely associated with encephalitis. It is supposed that a few cases have occurred in Canada, although the Department has received no definite information as yet on the subject.

THE CARE OF MOTHER AND CHILD

We have received, from Ottawa, a delightful book which will prove extremely useful to our mothers and children, if properly distributed. It is published by Dr. Helen MacMurchy, Chief of the Division of Child Welfare in the Dominion Department of Health, and is called "The Canadian Mother's Book."

> "He called a little child to Him
> and set him in the midst."

Dr. MacMurchy believes the mother is "the first servant of the state," and has written the book for her with the hope of teaching her much regarding the care of herself and her offspring through the important periods of babyhood and childhood.

We are sorry that we cannot even pretend to review the book. It is written in a pleasing style which is about as far removed from the "dry" as noonday is from midnight. We congratulate Dr. MacMurchy on the production of such a beautiful and useful little gem and we wish that a copy could at once be supplied to every expectant and actual mother in Canada.

DR. N. A. POWELL

The Canadian Journal of Medicine and Surgery, in its last issue, expressed its appreciation of Dr. N. A. Powell in a very pleasing way, which we gladly and cordially endorse. We desire especially to refer to his career as a teacher of clinical surgery and as a lecturer in medical jurisprudence.

Although the Department of Surgery in the University of Toronto, especially since amalgamation with Trinity, has been particularly strong, we have no hesitation in expressing the opinion that, as a practical teacher, Dr. Powell was one of the best, and it seems a pity to lose him now while he is at his best, physically and mentally.

As previously announced, Dr. Gideon Silverthorn was, last summer, appointed Professor of Jurisprudence after the resignation of Dr. Powell. We are very glad to learn that Dr. Silverthorn's work during the last session has been satisfactory to all concerned, that is, both faculty and students.

THE NAME OF THE UNIVERSITY OF TORONTO

With much pleasure and satisfaction we publish this, a communication from Professor Cameron, on The Name of the University of Toronto. If we had words to strengthen his argument we should gladly use them; but as we have not we say simply: we heartily approve and unhesitatingly endorse every word in the article.—[Ed.]

From time to time during the last fifteen or twenty years the proposal has been mooted to change the designation of the University of Toronto, which it has enjoyed for upwards of seventy years, to that

of the University of Ontario, a name for the Province of Upper Canada or Canada West not known before Confederation. The only legitimate argument in favor of the change is the fact that it is the Provincial University of Ontario; and that in the adjoining Confederacy the State supported universities are commonly known by the name of the State concerned. If the University of Toronto were beginning now *de novo* and without a history in the past much force in the argument might be admitted. But such is not the case; and before the Province of Ontario was known by that name, the name and fame of the University of Toronto were not unknown throughout the scientific and literary world. What good could be accomplished by the change now beyond pandering to the prejudice of the petty few who hold an unreasoning aversion to the very name of the City of Toronto? Who does not know that the University, ever since the beginning of the third decade of the 19th century, has been the progeny, the property and the pride of the Province? Moreover, who is ignorant of the fact that it has been the British practice from time immemorial to call a university by the name of the town in which it is situated, which by no means identified it with the town in a corporate sense as witnesseth the old struggle and rivalries between Town and Gown? Only in the case of the younger Provinces, barring New Brunswick, has it been the fashion to call the university by the name of the Province. Is anybody who is at all informed upon the subject ignorant of the fact that the City of Toronto is the capital of the Province of Ontario; and have the people of the Province any just cause or reason to be ashamed

of the name of its Capital City? Housing within its borders more than a quarter of the population of the Province, and having a municipal history under the one name for wellnigh ninety years, and a budget in excess of that of the Province itself, is Toronto so mean a city that its name disparages the University of the Province while the oldest university in Scotland has been proud to bear throughout five hundred years and more the name of the little town, so old and grey, of St. Andrew's, by the Northern Sea? Is anybody so fanatic as to propose to change the name of the University of Oxford or of Cambridge or of London, of Edinburgh, Glasgow, Aberdeen, Dublin, Liverpool, Manchester, Sheffield, Leeds, because each is open, in varying degrees, to be subsidized by contributions or assistance from the coffers of the State?

At the present moment the Province of Ontario is supporting, more or less completely, three universities, each one of which might, with much color of right, lay claim to the designation of a University of Ontario. Moreover, there is more than one Ontario, and these not British soil. And while many, carelessly or ignorantly, call the three combined Universities with several Colleges situated in the City of Toronto "The Toronto University" there is no justification whatever for that slipshod practice. Ever since the middle of last century, when old King's College was dissolved, there have been two or three Universities in the City of Toronto; but the "University of Toronto" has always been the Provincial University *apud Torontonenses*, that is to say, situated in the midst of, or near to, the dwellers in that city, but not belonging to them,

and never, I regret to say, intimately in the hearts and the affections and the pride of the citizens *generally* as evidenced by an *esprit de corps* and their support, or material contributions to its sustenance and welfare. A few honorable exceptions must, of course, be made.

The University of Toronto now numbers among its graduates and alumni some 25,000 men and women who have gone out into all the world and carried with them the name and the fame and the proof of the efficiency of their Alma Mater. Some of them will recall with me that when the late President Harper of the University of Chicago came to us for the degree of LL.D. *honoris causâ* he said, in the course of his speech after the ceremony, that not only in the University of Chicago, but in other universities throughout the United States, when they came across a teacher of exceptionally good training and a developed capacity for research if they did not know at the moment whence he came they almost invariably assumed that he came from the University of Toronto. This was spoken in full sincerity and had no tone of "the tinsel clink of compliment;" and it rang true because it was true, but that was a number of years ago, and it was truer then than it is to-day, not because our training has deteriorated, but because that of other universities on this continent has greatly improved. But when such things could be spoken in the words of truth and soberness how many of our alumni will be willing to discard all their just pride and affection in the University of Toronto's honorable record in the past; how many of those to come will wish to be cut off from that heritage of patrimony and that halo

of fame which shines around their mother's head and start afresh to climb Parnassus' hill? More over, the " High Arbiter " has determined that there is a congruity, a community and synonymity between " University " and " Toronto." Toronto, in the aboriginal speech, means " a meeting place " where all may come and are welcome, if they come in peace, to exchange ideas and merchandise, and " to hear or to tell some new thing." The University is a place where all the avenues of knowledge converge and focus in a single point and whence the rays are disseminated and diffused with an increment of power and luminosity, it may be, to the uttermost parts of the earth, the commerce of old minds and new increasing knowledge.

To change our old honored and honorable name at this late day to the University of " Ontario " would make us all " blue " indeed. Blue and white are our University colors, and while we proudly give the blue ribbon of pre-eminence to the Banner Province the white, clear, unsullied page on which the history of the University of Toronto is inscribed should be preserved to us in the perpetuation of that name. The question of the change of the University's name and designation was remitted to the University Commission, and I understand that they have made no recommendation on the subject. *Adsit omen!* It is important, however, that the members of the Legislature should be advised on the matter, and their sympathy and aid invoked, for under the provisions of the Act the name may be changed at any time by Order-in-Council.

Yours faithfully,

IRVING H. CAMERON.

News Items

THE CATTLE EMBARGO

The importation of live cattle is forbidden by the British Parliament because of fear that disease may be thereby introduced. We, in Canada, believe our cattle are not diseased, and, in any case, careful inspection would prevent danger to the herds in England and Ireland. We have no desire to touch politics or political economy in connection with this subject, but it is scarcely good manners for a Canadian to state that the British have placed the embargo chiefly or entirely for the pecuniary interest of their farmers.

There is another feature which should not be overlooked (as pointed out by H. C. Irwin, in the *Spectator*, England)—the sufferings of the animals during a voyage across the Atlantic. Mr. Irwin says, "Any spectacle more distressing, to a lover of animals, than the plight during stormy weather of terrified cattle crowded together, often thrown off their feet, constantly drenched with icy water, it would be hard to imagine." We who have witnessed it will concur and we know it does not require much of a storm to produce this terrible condition, an ordinary roll without any storm will frequently do so.

The alternative, of course, is to slaughter the animals in Canada and send the carcases over in cold storage. We are told that seven carcases could be carried in the space required for one live beast. From a sanitary standpoint, this would be satisfactory for many reasons, and why it could not be made so from an economical standpoint we cannot understand. We should be glad if The Society for the Prevention of Cruelty to Animals would consider the matter and consult with the health authorities at Ottawa.

[Since the above was written, we have been informed that the Argentine Republic has abandoned the shipment of live cattle. The animals are slaughtered at the American seaboard when in prime condition and the carcases are then shipped across the Atlantic. This has been found quite satisfactory, even from the financial standpoint.]

At the Alumni dinner, held at Ottawa, February 17th, Professor I. H. Cameron responded for the graduates in medicine.

KEATS' CENTENARY

John Keats, the poet, died one hundred years ago last February 23rd. At the centenary celebration held that day at Hart House, University of Toronto, Professor Alexander, in a short address, told his audience that Keats was born in 1795. He was the son of a livery-stable-keeper in rather poor circumstances. As a lad, he was apprenticed to a surgeon, and was, for a time, a dresser in Guy's Hospital. But before long he relinquished medicine, devoted himself to literature, and became one of England's greatest poets. He published his first volume of poems in 1817, when twenty-two years old, and died of tuberculosis at Rome, aged 26.

SALVARSAN PREPARATIONS

The Synthetic Drug Company, in one of its circulars recently issued, says that at the outbreak of the war, there was very little Salvarsan in North America and, therefore, Messrs. Macallum and Candee, two young University graduates, decided to manufacture it. They found the difficulties considerable but finally overcame them. However, they did not accomplish this until they had expended much time and a large amount of capital.

They now say if its importation into Canada is permitted they cannot hope to compete with German, French or British products in price owing to exchange, though they can more than hold their own in quality. If importation is allowed they will be compelled to close down their Canadian plant and devote their whole attention to the American business carried on by another company.

Dr. John Noble was honored by the School Board of Toronto when he was their guest on the evening of March 3rd. The Chairman, Dr. McClelland, extended a hearty welcome to Dr. Noble, and Mr. W. D. Dineen, on behalf of the Trustees, presented him with a cabinet of silverware as a slight token of their appreciation of the work he had done as a member of the Board for eighteen years. Dr. Noble returned thanks in a humorous speech, which was well received.

AESCULAPIAN CLUB

The following have been elected as officers of this club for the year 1921-22: President, Dr. Alexander Primrose; Vice-President, Dr. George Elliott; Treasurer, Dr. Edmund E. King; Secretary, Dr. F. C. Harrison; Executive, Drs. K. C. McIlwraith, Colin Campbell, F. W. Marlowe, O. A. McNichol.

PUBLIC HEALTH ASSOCIATIONS

It is expected that the Health Meeting to be held in Toronto in the middle of May will be a very important one. It will be a combined meeting, including a number of important societies, namely, The Canadian Medical Health Association, The Canadian Tuberculosis Association, The National Council for Combating Venereal Diseases, and The Ontario Health Officers' Association.

At the complimentary dinner given to the University Footballers, in Hart House, February 19th, Dr. J. M. Macallum, rugby captain of forty-one years ago, proposed the toast to the 1920 team.

Personals

The last reports from Dr. Allen Baines were favorable and it is expected he will return to Toronto in the latter part of April.

Dr. and Mrs. Alexander Primrose returned to their home in Toronto after a visit to Hot Springs, Virginia, March 8th.

Drs. Armstrong and Scane, of Montreal, attended the dinner of the Æsculapian Club, Toronto, on the evening of March 10th.

Obituary

A. B. ATHERTON, M.D.

Dr. A. B. Atherton, one of the best-known surgeons in Canada, died at San Diego, Cal., March 7th, aged 78. He was born in Fredericton, N.B., and practised in that city for many years. About 1880 he came to Toronto, practising here for about ten years, after which he returned to Fredericton. On account of failing health, he went to California about two years ago and remained there till the time of his death.

PROFESSOR WM. H. PIKE, M.A., Ph.D.

Professor Herbert Pike died at his home in England, March 1st. After graduating from the University of Berlin, he was lecturer for a time in Merton College, Oxford. Upon the resignation of the late Professor Croft, he was appointed Professor of Chemistry in the University of Toronto in 1879. While in Toronto he had the misfortune to lose an eye as the result of an accidental explosion in his laboratory in 1893. He resigned his position as Professor in Toronto in 1898, chiefly because of his desire to return to his beloved England.

WILLIAM ELLIOTT, M.B.

Dr. W. Elliott, a graduate of the University of Toronto, 1897, died at Escanaba, Mich., January 15th.

ARCHIBALD HENDERSON, B.A., M.B.

Dr. A. Henderson, a graduate in Arts and Medicine of the University of Toronto, died in Grimsby, February 12th.

Book Reviews

Notes on the Medical Treatment of Disease, for Students and Young Practitioners of Medicine. By ROBERT DAWSON RUDOLF, C.B.E., M.D. (Edin.), F.R.C.P., Professor of Therapeutics in the University of Toronto. University of Toronto Press. 1921.

The title of this book is altogether too modest, for it is really a sane treatise on modern therapeutics, and therefore suitable for every one engaged in the practice of medicine. The author has succeeded in writing a work which is the outcome of his own experience, and one singularly free from the effects of scissors and the mucilage pot. For this reason, and for many others, it is greatly to be commended. It is the most creditable volume from the pen of a member of the Medical Faculty of the University for many years.

Principles of Biochemistry for Students of Medicine, Agriculture and Related Sciences. By T. BRAILSFORD ROBERTSON, Ph.D., D.Sc., Professor of Physiology and Biochemistry in the University of Adelaide, South Australia; formerly Professor of Biochemistry in the University of Toronto, Professor of Biochemistry and Pharmacology in the University of California. Illustrated with 49 engravings. Lea & Febiger, Philadelphia and New York. 1920.

The scope of this work may be judged from the words of the preface, that physiological chemistry is to be regarded "as the foundation upon which we must ultimately build our interpretations of the functions of living matter." Thus a close correlation is observed to physiology and its practical applications in the science of medicine and other sciences which deal with biological phenomena.

The subject is discussed under six general heads, which are: The Foods, The Properties of Protoplasm, The Chemical Correlation of the Tissues, The Chemical Processes which Underlie and Accompany Life Phenomena, The Products of Tissue Activity, and The Energy-Balance of the Organism.

The discussion is very complete, and a bibliography is appended to each chapter.

Naturally, this is a work which will appeal more to the laboratory worker than the practising physician, but there are many chapters which will give the clinician new viewpoints in his consideration of human biology.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world, edited by H. R. M. Landis, M.D., Philadelphia. Vol. IV, thirtieth series. 1920. Philadelphia and London: J. B. Lippincott Company.

The last number of the *Clinics* for 1920 outstrips all the others, containing many excellent and useful articles. Worthy of special mention is the clinic by Williamson on chylothorax, and a monograph by Parkes Weber on acute hepatic atrophy.

International Clinics has an enviable reputation and improves each year.

Selected Article

DRUGS AND THEIR ACTIVE PRINCIPLES IN RELATION TO THE TREATMENT OF DISEASES

By Beverley Robinson, M.D.

Nothing has impressed me more lately than the learned discussions which have been carried on by prominent English practitioners in their treatment of malaria. Many of them dwelt solely, or almost entirely, upon the use of quinine in different ways in its treatment. A limited few, and only after the debate was near its end, dwelt upon the importance and advisability of giving the united alkaloids of cinchona bark to obtain the best effects of treatment in, at least, some forms of malaria.

To me it has been a great regret that no mention was made of the remarkable efficacy of Huxham's tincture of bark, and especially because, over one hundred years ago, this prominent physician of England emphasized its great therapeutic value and rightly so. When quinine and even the combined alkaloids fail to do good work in curing malaria, the compound tincture of bark will, I believe, do the trick and bring to a rapid end all evidence of malaria, so far as symptoms are concerned, and also, at times, any evidence of it that can proceed from laboratory research.

This statement leads me to question closely the value of some refinements in medication, which the modern physician is too apt to abide by in the treatment of not a few diseases; hence, in my judgment, a great and serious loss to useful medication.

In days gone by opium in some form was frequently used to abolish pain and to lessen, or bring to an end, inflammatory disease. Anyone who is familiar with Alonzo Clark's treatment of acute peritonitis with large and frequent doses of opium, must see in this doing much that has value, even to-day, and when operations galore are the password of most physicians. Alas, the pity of it!

Does morphine take the place effectively of opium in this and other acute inflammations? Surely it does not. It is more convenient, and at times, to be sure, the ready hypodermic syringe may be seemingly used with advantage. But I question the advantage of putting aside the use of extract of opium or

laudanum except rarely, and then only to tide over a most urgent occurrence.

If pain is at all continuous; if it means, as often it does, disease of some duration, then opium is still the master key in disease. In their foolish and wrong legislation the controllers among us have so limited and obstructed the physician's use of narcotics that to-day not a few of the older as well as the younger physicians have simply abandoned the use of this most beneficent drug.

Again, it would seem from some late experiences among men of tried value in our profession, that to prescribe narcotics even with wisdom and rectitude is fraught with danger of prosecution or even imprisonment. Only lately the London *Lancet*, in an editorial on drugs and their true principles, showed unerringly how misguided are the physicians, clinically, who abandon the galenical preparations of former days for the powerful alkaloids, which to-day have, as it were, the front seat in the practice of medicine.

Of course we occasionally see a prescription for nux vomica, or the tincture thereof, where a tonic is required. But how much oftener do we find the omnipresent strychnine in all prescriptions! Are they the same and do they fill the same indications? I am confident they do not. There is a something in the crude plant, or in the elements of it which are extracted with alcohol that is not measured up to with the alkaloid alone. A late writer asks very pertinently whether we should expect to obtain the same good effects from a few grains of caffeine in hot water that we should certainly get from a well-made infusion of tea.

What are the modern vitamines and where are they always found?

We do not know, but we do know that polished rice when eaten to the exclusion of other food, will give beriberi. When eaten in its natural form it is one of the very best vegetables and serves, by itself almost, to give energy, activity, and working brains to millions of Japanese.

In the so-called inert matters, those indeed that are not extracted by any chemical means, we have some form of energy which may be swallowed by humans, often to their very great benefit.

My subject is a big one and I shall not attempt to handle it at any length. But I beg that a halt may be called to the too general use of the alkaloids, at the expense of many drugs and combinations, which our forebears told us were of very great service in the relief of human ills.—*Medical Record.*

Selections

Tremor in Children

Schippers emphasizes the information to be derived from this rare symptom in children. When it occurs alone it may give the clue to incipient meningitis or other disease of the central nervous system, so that the advisability of lumbar puncture should always be suggested with acutely developing tremor in a child. In the first of his five cases, two boys of 6 and 8 and their sister, 14, presented a hereditary, familial tremor. In two other cases infants about a year old presented the acute cerebral slow tremor with wide excursions in neck and limbs: it persisted during sleep, and was exaggerated by excitement. Sometimes it is restricted to one side or to the arm or leg, and there may be spastic phenomena, paresis or ataxia. In 1916 eighteen cases had been published, but it is probably of more frequent occurrence, as Schippers' two cases and De Lange's two at Amsterdam seem to show. This tremor was always preceded by pneumonia, measles or enteritis, but it subsided in from two to twelve weeks; one case is on record in which the child grew up feebleminded. In Schippers' fourth case the tremor was the first symptom to call attention to sporadic meningitis. In his fifth case the year-old infant presented tremor in the arms when excited, and as it seemed sick, lumbar puncture was done, which confirmed the assumption of pressure on the brain. The child soon died with symptoms of meningitis, and necropsy revealed hydrocephalus with suppuration in the ventricles. Tremor as an early and single sign of meningitis is rare, but Goppert has reported a case in an infant of 11 months with vomiting, spasm and fever, and tremor of head and arms with wide excursions. Necropsy revealed epidemic meningitis. The monosymptomatic tremors in children are thus highly instructive.—*J. A. M. A.*

What the Doctor Did

Brown's little one was ailing and on his way to work he sent up the doctor. When he got home in the evening he asked her what the doctor had said.

"Nothing, papa."

"Then what did he do, dear?"

"Oh, he just telephoned me all over." was the child's reply. —*Boston Transcript.*

Serving Desire and Safety

Those who are convalescing, and those who are tending toward illness, often present a problem for the physician, in the matter of the meal-time drink.

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True and False Dyspepsia

The term dyspepsia signifies a disturbance of the gastric functions. Therefore, it is a term which designates a functional change and not a morbid entity. When we say dyspepsia we do not imply that the functional disturbance is in any way related to a change in the gastric mucosa—Hayem and Lion's theory of gastritis—or that there is a morbid change in the nervous system controlling the gastric secretion—Leube's theory of nervous dyspepsia. So far as a functional disturbance of the stomach is concerned, dyspepsia involves three gastric functions, namely, the secretory function, and the functions of sensibility and motility, one of these functions being more involved than the other two. Besides these true dyspepsias which imply some functional change of the stomach—changes of the sensibility, motility, or chemism—there exist false dyspepsias in which the functions remain absolutely normal, but the subject, being a psychopath, believes that he is suffering from some gastric disease.

The essential characters of these false dyspepsias consist, firstly, in an absence of any real disturbance of the stomach that can be clinically detected by radioscopy and chemical examination of the gastric secretions; secondly, by the presence of very marked nervous or psychic disturbances. In the statistics published by the late Dr. Déjerine and those of Dubois, of Berne, these false gastropathies represent the majority of cases, while Le Pannetier, working at the department for diseases of the digestive system at the Hôtel Dieu in Paris, found, on the contrary, that this syndrome was rarely present. Le Pannetier partially explains this difference in the statistics by the fact that several true gastropathies, developing in a neuropathic subject, give a peculiar character to the affection which causes it to resemble the false gastropathies. In order to make a precise diagnosis the clinical examination must be completed by a study of the gastric chemism and a radioscopic examination of the stomach.

The diagnosis of a false dyspepsia—a diagnosis that exclusively implies resort to appropriate psychotherapy—should be made with the greatest reserve, and after having examined the stomach thoroughly in order to eliminate any organic lesion such as ulcer, cancer, or gastritis, an organic dyspepsia. False gastropathies may change into true gastropathies by various mechanisms—the mechanism of insufficiency of the nervous

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P.—4

system on the secretion, mechanism of inanition, or mechanism of drug intoxication.

The term, nervous dyspepsia, leads to confusion, and under this term should be distinguished: Firstly, dyspepsias of alimentary origin, toxic, etc., having a more or less marked reaction on the nervous system. Secondly, dyspepsias due to a change in the nervous system of the stomach, sympathetic or bulbar. Doupault and Leube understand nervous dyspepsia in this light. Thirdly, the psychogenous dyspepsias. Consequently it is evident that the term nervous dyspepsia is a misnomer and should be discarded from text-books.

The treatment must be directed against the causative factors of the dyspepsia. In true functional dyspepsias the treatment should correct the underlying pathological changes. When the psychic functions are disordered the dyspepsia will be of the false variety, and therefore the treatment is to be directed to the cure of the neuropathy or pyschopathy presented by the patient.—*Medical Record.*

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The Boss

A travelling salesman visited a small town and sold the proprietor of its general store some merchandise. When the goods arrived they were not as represented and the merchant consequently returned them. But the house nevertheless attempted to collect the bill and drew a sight draft on the merchant through the local bank, which returned the draft unhonored.

The house then wrote the postmaster about the financial standing of the merchant and the postmaster laconically replied that it was O.K.

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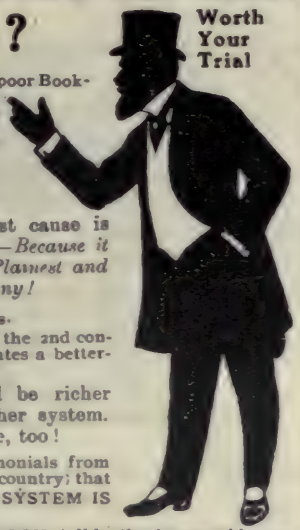

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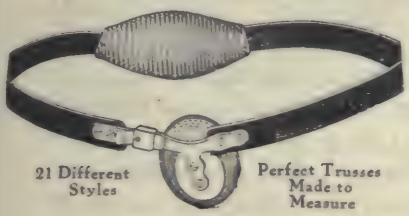

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Revivals, Sex and Holy Ghost (Theodore Schroeder)

In the course of his psychogenetic studies of religious experience, Schroeder made careful observations at a negro revival. In this article there is quite a detailed description of the jumping, dancing, singing, etc., of those who came under the spell of the revivalist and some description of the revivalist's technique. An attempt is made to interpret these "mysteries" in terms of what is already known.

The most extraordinary results in the audience were not the effect of the pastor's denunciation of sin and satan, but came as a consequence of the revivalist's complete abandonment to his own emotionalism. At times his subjectivism was so obsessive as apparently to exclude all consciousness of the pastor's environment, while he abandoned himself to a most intense subjectivism. "I can adequately describe his apparent condition by reference to only one other human experience. It seemed to me very much like the uttermost of sexual orgasm." This abandonment to a complete subjectivism was contagious through suggestion, and induced the release of repressed erotism in the audience. The jumping, dancing, rolling, etc., is said to be due to the necessity for pelvic or other muscular movements of the orgastic spasm.

The less violent religious experiences are assumed to be the same in essence and by comparison the variation is inferred to be due to relative normality of sex-like and to the lesser attendant emotional disturbances. With approximately normal sexuo-emotional conditions religious experience fades out. Because of the irresistible quality of this involuntary compulsion and the ignorance of facts or the unwillingness of the experiencing persons to face the facts, this compulsion is thought to transcend

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all that is human, and is ascribed to something outside and above the organism, that is to the Holy Ghost or of God. Thus comes the inward miracle of grace, the mysterious operation of the Holy Spirit, etc., etc. From some points of view this is one of the best in the author's many contributions to the erotogenetic interpretations of religion. (Author's abstract.)—*Journal of Abnormal Psychology.*

A Rare Case of Pelvic Tumor

Weibel (*Zentralbl. f. Gynäk,* May 29th, 1920) relates the case of a woman of 47 who had had four normal labors, the last being eighteen years ago, and for six months had had pain in the back and belly, more severe during the last four weeks. The uterus was found to be displaced to the right and forwards by a cystic tumor, the size of the fetal head, fixed in the true pelvis. Ovarian cyst was diagnosed, but at laparotomy the tumor was found to be wholly extraperitoneal. The peritoneum was incised, and endeavor was made to remove the tumor, the wall of which was found to be composed of an external harder, and an internal thinner, layer; clear fluid issued from a perforation. The cyst, which proved to be an anterior sacral meningocele, communicating by a large opening in the anterior surface of the sacrum with the sacral canal, was resected; the wound was drained *per vaginam.*—*B. M. J.*

Alas! Fond Days Beyond Recall

A big roadster sped up the village street, and stopped before a tiny, vine-covered cottage. A well-dressed man slid out from behind the wheel, gazed around reminiscently, swung open the rustic gate and advanced up the walk. A bent, wrinkled, white-haired old lady met him at the door.

"Ten years ago," began the man, "you fed and gave shelter to a dirty, tired-out bum—do you remember? Well, I am the man."

"Yes," smiled the little old woman happily.

"Do you remember in the morning how you kindly but firmly made me give up that big bottle I carried?"

"Yes! Yes!"

A light of hope gleamed in the man's eye. "Have you got it yet?" he asked breathlessly.—*Judge.*

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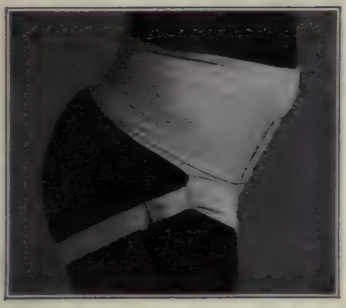

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Effects of High Protein Diet in Nephritis

Experiments undertaken by Wordley to show the effect of variations in the amount of protein in the diet, using a strictly accurate method of estimation of the protein in the urine, are reported on in this article. It appears that variations in the amount of protein in the diet have no effect on the amount of protein excreted in the urine. In fact, such increases in the diet do not increase albuminuria; if only percentage figures are taken, they may decrease it, owing to the diuresis produced by a rich protein diet. The amount of protein in the urine examined at different times of the day shows wide variations. It appears to be lower in the urine secreted during sleep. It is shown that the blood urea varies very considerably with the diet, and that an estimation of the blood urea is of much less value in appraising the impairment of kidney function than Maclean's new urea test. Further, the blood urea may be within normal limit, and yet all the manifestations of uremia be present. The plasma protein may be below normal in cases with no edema, and thus cannot always be a cause of edema, as is often stated.—*Quarterly Journal of Med.*

Dr. Pepys' Diary

Nov. 20.—Early to ye office and there did find a patient who would ask that I give him a prescription for whiskey and a woman who wished to avoid childbirth and another who begged a dose of a narcotic and I sent them on their way peddling their foul desires elsewhere. It is indeed an insult to our noble profession that these poor creatures push themselves upon us. Shame be upon ye physician who violates ye trust which ye people, through ye government have given us.—In ye afternoon to see ye football contest, many of ye players requiring medical attention; nevertheless did shout lustily becoming hoarse therewith and delighted to see ye courageous manhood of ye players. Then to a dinner in ye club where was also dancing. Many of ye ladies in startling costumes, one indeed such that one must almost needs look beneath ye table to see if she had on aught of anything. Some one asking if I cared to dance with ye lady, did say I feared to do so, not knowing where I could place my hand.

Nov. 22.—A quiet day, ye only patient my poor helpmate who did enjoy ye dinner not wisely but too well.

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SPECIAL NOTE.

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Nov. 25.—Thanksgiving Day—I give thanks that I have pot roast because turkey is so high; that I have work to do when many are not employed; that I find pleasure in music and art and science and books and need not seek delight in joy riding and stolen liquor, as seems to be ye way of many of ye populace; that ye year hath been one of health and advancement of knowledge; that I have lost no old friends and won over some old enemies; that my ways are among ye idealists and not ye money grubbers; that I suffer not from acidosis and enjoy a full meal. But most of all, that I can laugh as ye world wags in its wild, weird way.—*J. A. M. A.*

Famous Doings in Jerico

Dr. L—— M——, of Kansas City, assisted by Dr. T—— M——, of Lamar, performed an operation, far out of the ordinary, upon Mrs. Jim Ball, of Jerico Springs, at the home of Mr. and Mrs. Weaver Duncan, last Tuesday. Mrs. Ball suffered from an immense, non-malignant tumor, upon the back of her neck. The tumor weighed about eighteen pounds. It was thirty-eight inches in circumference, and extended down the patient's back, when she sat or stood, a distance of sixteen inches.

When Dr. T—— M—— phoned to his Kansas City colleague, and told him of the enormous size of this foreign growth, the latter didn't believe him. But when he arrived at the house, just previous to the operation, and saw the immense growth he insisted that they send for a camera, and take some snapshots of the tumor, so they could be shown at the meetings of the medical societies. Ed. Oehring went out with his camera and took the snapshots.

Mrs. Eva Hackney, of the local Red Cross, went out to assist the doctors in the operation. It was her task to hold the weight of the tumor in her hands, while the surgeons worked. She was fairly exhausted from this labor when the operation was finished.

Dr. M—— is said to have taken with him five dozen little pincers to close the ends of the several blood vessels. All of these were used, and they were tying the arteries with strings before the operation was completed. It took about an hour and a half to remove the sarcoma.

Mrs. Ball is declared to have come out from under the ether in good condition, and is reported to be convalescing at a most encouraging rate.—*Jerico Springs (Mo.) Optic.*

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Rare Complications of Wisdom Teeth

At the recent French Congress of Oto-rhino-laryngology, Moure (*Rev. de laryng., d'otol., et de rhinol,* July 15th, 1920) recorded the following cases in which the presence of a wisdom tooth gave rise to unusual symptoms (1) Examples of submaxillary adenitis with enlargement of the tonsils simulating an ordinary attack of tonsillitis; (2) cases of recurrent parotitis, attributed at first to calculi in the duct, whereas ectopic wisdom teeth were alone responsible; (3) a case of suprahyoid phlegma, in a man aged 65, due to a carious wisdom tooth which was still encased in the gum, as was shown by X-rays. In the subsequent discussion Koenig related a case of peritonsillar abscess with torticollis and violent pain in the right side of the neck; and Raoult reported two cases of facial paralysis due to the same cause. Raoult alluded to a case of fatal suppurative meningitis, reported by Heydenreich, caused by a suppurative process which had extended from the wisdom tooth along the sheath of the vessels.—*B. M. J.*

Operative Treatment of Gastric Ulcer and Cancer

Oehler endeavors, in carcinoma of the stomach, to make surgical intervention less dangerous by operating at two sittings whenever possible. In three recent cases of carcinoma of the pylorus region gastro-enterostomy was performed first and resection later, and he was surprised and delighted to see how easily the patients withstood the operation. The fact that they are already much weakened by their sufferings points conclusively to the two-stage operation if such is possible even for gastric ulcer.—*J. A. M. A.*

A Legal Definition

One of the attorneys for Steve Beck in his recent trial in criminal court on a charge of manslaughter was questioning a man for jury service in the case.

"Do you believe," he asked, "that a man necessarily is guilty of manslaughter if his automobile runs down another person on a public highway?"

"No, sir," replied the jury talesman, "not unless the other person dies."—*Indianapolis News.*

Oxygen Treatment

An "oxygen" chamber for the treatment of patients in an atmosphere rich in oxygen is being fitted up in one of the wards at Guy's Hospital. It is to contain three beds, and one year's cost of the oxygen (£450) is to be borne by the Medical Research Committee.

It is obvious that the successful carrying out of this project involves many difficulties. How, for instance, while providing for adequate ventilation, will it be possible to avoid a considerable leakage of oxygen?—*Medical Press.*

The Heavenly Inspiration

"You writing your sermon, pop?" the small son of a minister asked interestedly.

"Yes, my boy," was the reply of the divine as he looked up from his manuscript.

"How do you know what to write, pop?" was the next question.

"God tells me what to write, my son," the minister replied impressively.

The little fellow looked doubtful.

"If He tells you what to write," he demanded, "why do you go back and scratch out a lot of it?"—*Judge.*

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The Estate of the Late A. T. Rice

The estate of the late A. T. Rice, of Selkirk, Manitoba, announces in this issue the sale of his residence at Selkirk, Manitoba.

The residence has been one of a medical man for the past thirty years, and as such is an established situation.

The town of Selkirk is one of the growing towns of Manitoba, and it is an opening but seldom offering itself.

Course in Psychology

Springthorpe pleads for instruction of medical students in psychology. He deems it strange that medical education, with its high standards of requirements and constant effort after extension, remains silent and almost immovable in dealing with man from above, as well as from below—psychologically as well as physiologically. He suggests including psychology in the curriculum of each medical school and the establishment of a psychologic department in every teaching hospital.—*London Lancet.*

Appendicitis in Children

Dr. Foy Robertson, Durham, N.C.: All abdominal pain in children should be looked on with suspicion, and the physician should be careful about administering purgatives as a routine before the diagnosis is established. The prognosis is very favorable if the diagnosis is made early and the operation is performed early; but after the first twenty-four hours, the prognosis is more serious.—*J. A. M. A.*

Hard Work, but They Get Results

When discovered, Dr. Wilkin's feet were close to the bathroom floor, but not touching it. He was unconscious and appeared to be dead. A faint beat of the pulse, however, showed that he was still alive, and Dr. Cleghorn and other physicians worked nearly half an hour before they officially pronounced him dead.—*Philadelphia Evening Bulletin.*

The Canadian Practitioner and Review

Vol. XLVI. TORONTO, MAY, 1921 No. 5

Original Communications

PNEUMOPERITONEAL X-RAY DIAGNOSIS OF OBSCURE ABDOMINAL LESIONS*

By Dr. Arthur Stein and Dr. William H. Stewart, New York City.

From the beginning, the twentieth century has been characterized by a wealth of remarkable advances in the domain of medicine and surgery, as well as in most other fields of human endeavor, with the result that the science and art of the professions now rest on a broader and firmer basis than ever before, while the prospects of a cure in many baffling conditions have been wonderfully increased.

Much interest has recently centered around the employment of pneumoperitoneum with rœntgenography, as a means of visualizing the contents of the abdominal cavity. This method consists in artificial inflation of the peritoneum, preferably with a definite gas or mixture of gases, preparatory to making the rœntgen examination. The safety and harmlessness of the procedure in skilled hands is so universally admitted as to render it superfluous to dwell upon these features, which are naturally essential to the applicability of any diagnostic procedure. As shown by our own observations in hundreds of examined cases, and confirmed by the experience of other observers, no untoward results of any kind detract from the value of this simple but highly efficient diagnostic procedure, which has already stood the test of time, and while extremely easy of application, has been found greatly superior to all other methods of examination for the recognition of intra-abdominal lesions of all kinds, especially those involving

* Read before Section of Medicine, March 8th, 1921.

the solid organs. It is the only method capable of determining the extent of adhesions between the viscera and the abdominal coverings as well as the contents of herniated abdominal walls. Induced pneumoperitoneum is equally serviceable for the early diagnosis of peritoneal tuberculosis and for the recognition of the extent of the disease. Localization of projectiles in and beneath the diaphragm is rendered comparatively easy. In fact any subdiaphragmatic lesion can usually be cleared up by this method. It offers good prospects for rendering a positive diagnosis in diseases of the liver and gall bladder, where the customary methods of clinical and physical examination are often found insufficient. Retro-peritoneal growths can also be clearly outlined. An enlarged spleen which has escaped detection through palpation can often be recognized, and changes in the position of the organ be ascertained by means of induced pneumoperitoneum and rœntgenography. Remarkably clear and distinct rœntgenograms of the kidney have been obtained with the assistance of artificial inflation of the peritoneal cavity, which also affords accurate information as regards the size and shape of the organ, besides indicating the type and degree of renal motility. Although the condition of the pelvic organs can be more or less satisfactorily ascertained by means of the older methods, in the majority of cases, peritoneal inflation with X-ray examination will probably find an application also in the domain of gynecological diagnosis, especially in deeply situated abdominal neoplasms. Its constantly increasing range of applicability is characteristic of the method.

The most contra-indication is acute inflammation of the peritoneum, but the presence of certain respiratory and circulatory disturbances will also make the employment of peritoneal inflation inadvisable in a group of cases.

In the present simplified technique for the application of pneumoperitoneal rœntgen examinations, the only accessories required are an ordinary lumbar puncture needle, two section of small rubber tubing, each measuring about three feet in length, a rubber bag with a capacity of about four liters (such as is used with the gas-oxygen anæsthesia apparatus), and a tank containing the gas which one intends to use. One section of the tubing is connected, one end to the tank and the other to the intake of the bag. The second section of tubing is thoroughly sterilized and connected to the outlet of the bag; the apparatus is then ready for application.

The patient is prepared as for any rœntgen examination by a thorough cleaning out of the bowels and emptying of the bladder just before the inflation. The administration of one-quarter of a grain of morphine fifteen minutes before the induction of pneumo-peritoneum is recommended.

The needle (properly sterilized) is inserted about one to three finger breadths below the umbilicus in the median line. The skin in this vicinity is thoroughly cleansed with tincture of iodine. Existing scars are to be avoided when inserting the needle; a location should be selected where it is reasonable to expect that no adhesions will be encountered. We have found that a local anæsthetic before introducing the needle is entirely unnecessary; merely taking a fold of the skin tightly between the fingers is sufficient to counteract any pain on introduction. The needle should be slowly inserted as far as the fascia—the thickness of the abdominal wall being easily gauged by any surgeon, a gentle pressure will then ease it through the fascia and peritoneum into the abdominal cavity. The needle is then connected to the free end of the rubber tube attached to the outlet of the bag, which has been previously filled with the selected gas, a stop-cock at the outlet of the bag is turned on and the gas allowed to slowly pass into the peritoneal cavity—gentle pressure on the bag will sometimes be necessary in order to force in the required amount. The bag acts for two purposes: First, it allows full expansion of the gas before introduction into the peritoneal cavity; and second, the gas having fully expanded, soon assumes the temperature of the surrounding air and becomes more or less warmed before insufflated, which is very desirable, although we have never felt the necessity of using any special warming apparatus nor have we used any method of filtration or sterilization of the gas, believing the less complicated the method the less danger of infection; so far we seem justified in our contention, having used the method in over a hundred cases without any untoward effect.

The question of whether the point of the needle is within the peritoneal cavity is interesting; some authors recommend the injection of a small amount of saline solution, others watch the inflation under the fluoroscope. We have depended more on the tactile sense of the surgeon, who rarely fails to know whether he has entered the peritoneal cavity or not. If there be any question, gentle pressure with fingers is made around the needle and with the ear near the anterior abdominal wall, a slight roar can be heard as the gas enters the abdomen. It is important that this question be decided before much gas is

allowed to flow, as an emphyzema in the extra-peritoneal structures interferes with good rœntgen detail. If the abdominal walls are relaxed, one can "catch up" a fold while introducing the needle; this assists not only the passing of the needle, but raises the parietal peritoneum away from the intestines and there is less danger of puncture than otherwise.

The quantity of gas used depends largely upon the condition of the anterior abdominal wall. If there is much relaxation one must use considerable—usually the entire four liters—if one is dealing with a young subject with a firm abdominal wall, two liters are sufficient. The essential feature is to obtain a moderate distention so that the abdomen is distinctly dome-shaped and the anterior abdominal wall about as tense as the head of a drum. The required amount of gas having been insufflated, the tube is disconnected, the needle quickly withdrawn, and the site of the puncture covered with a small piece of adhesive plaster. The entire method is strictly surgical and should be attempted only by one with surgical experience. The procedure is conducted throughout under modern aseptic precautions.

In selecting the gas to be used, one is influenced by the character of the rœntgen examination required; if, for instance, the case is one calling for only an examination of the liver and gall bladder region, or in fact any case requiring a short X-ray examination, carbon dioxide is the best, as it will be absorbed in about twenty minutes; it is ideal where quick X-ray work can be accomplished, the advantage being that the abdominal tension will have disappeared before the effects of the morphine have worn off. For more lengthy examination, the authors have successfully used a gas consisting of two parts of CO_2 mixed with one part of oxygen; this is usually absorbed in about thirty-five to forty minutes. For rœntgen examination of the entire abdominal contents, pure oxygen is used; this gas is not absorbed rapidly and gives ample time for investigation, both fluoroscopic as well as rœntgenographic, and after the rœntgenographic examination, the needle can be reinserted and the abdomen deflated.

We have never felt it advisable to leave the needle *in situ*, where oxygen has been used, as more danger could be expected from such a procedure than from reinsertion. The rœntgen examination requires the patient to be placed in so many different positions, that a retained needle would be more liable to traumatize the peritoneum, if not occasion a puncture of the intestines.

The recent improvement of the technique, in the form of abdominal inflation with gases, which are quickly absorbed, brings the method into the scope of an office procedure and will undoubtedly accelerate its adoption in constantly widening circles. This is an especially gratifying achievement in view of the relatively brief existence of the diagnostic method of artificial pneumoperitoneum in combination with rœntgenography.

It is not our intention to review the entire history of this procedure, but we shall simply point out some salient milestones on the road that has led from the first incomplete attempts to the evolution of the most modern of all diagnostic methods at our disposal. Although the introduction into this country of the method of diagnostic inflation and rœntgenography of the peritoneum dates back only a short time (to be exact, to the Atlantic City meeting of June, 1919, when the first demonstration was made by Drs. Stein and Stewart before the American Association for the Thoracic Surgery, the American Gastro-Enterological Society, and the American Surgery Association), peritoneal inflation for diagnostic purposes, as yet uncombined with rœntgenography, was previously known and utilized to a limited extent in Europe, more particularly in Germany. In fact, Wegner, as far back as 1877 investigated the absorptive capacity of the peritoneal cavity for air and found it to be very remarkable, the explanation being the enormous extent of the peritoneal surface, which includes all the organs and walls lined with peritoneum. He repeatedly inflated the abdomen of his laboratory animals to the highest degree of tolerance, without producing disturbances other than a slight dyspnœa. The air was usually absorbed by the third day, and no infection of the peritoneum through the germs contained in the air was noted. The first mention of induced pneumoperitoneum, without rœntgen examination, for diagnostic purposes, in the medical literature occurs in 1902, when Kelling successfully inspected by these means the abdominal contents of two patients, one of them a woman with very relaxed abdominal coverings, while the other was suffering from ascites. Sweden claims the next step in the propagation of the new method, through painstaking work of Jacobäus, of Stockholm, who published a monograph on the subject of laparo and thorascopy under air inflation. Credit for the application of abdominal inflation to rœntgenological technique is due to Weber, in Kiev, who foresaw that the introduction of air or gas into the abdominal cavity would help to render visible a

number of organs, tumors, and regional areas which heretofore had been more or less inaccessible to rœntgen examination. About the same time, Leroy showed the outlines of the spleen and liver, and recognized the existence of abdominal tumors, by means of the new method. Much careful and systematic work along the line of improvement of artificial pneumoperitoneum and the extension of its diagnostic range, was done by Rautenberg, who recommended it on the basis of his findings as affording remarkable information about the hidden organs below the diaphragm, and is following the work of American exponents of this method with appreciative interest. Other European names to be mentioned in this connection are those of Meyer-Betz, Coetze, Schmidt, Alessandrini. The gradual entrance of diagnostic pneumoperitoneum into practice is illustrated by the fact that Alessandrini in Italy was enabled in May to report forty cases in which the method had been advantageously utilized. Many American writers have made distinguished contributions to this important subject, Dandy, Luckett, Stewart, Rosenblatt, Emerson, Alvarez, Turner, Tierney, Orndoff, Hyman, and others, showing the interest that has been aroused by this procedure and testifying to its intrinsic merits.

After the first step in a new direction has once been taken, advance in a previously inaccessible domain is apt to be surprisingly swift. Now the walls of the human body act no longer as insuperable obstacles to the physician's eye, for even at the present day he is enabled to penetrate many mysteries of human pathology, and there is good reason to expect that other problems will yield, in the not too distant future, to the diagnostic method of induced pneumoperitoneum and rœntgenography.

THE INDIVIDUAL, OR THE GROUP, IN MEDICINE

By John Hunter, M.B., Los Angeles.

Time, experience, intelligence, social and economic conditions are all, more or less, vital factors in the perpetuation, and in the evolution of medical practice. The "family physician"—greatly extolled in literature but only too often—especially the "country physician"—over-worked and underpaid, is slowly, but inevitably facing extinction. Any time prior to almost the beginning of the present century, so comparatively limited was the knowledge of so-called scientific

medicine that it was quite possible for the intelligent, industrious student to master the whole field, but the wealth in new discoveries in every department of medicine, during the past two decades, has been so vast that no matter how industrious or intelligent a student may be, he cannot hope to master the work. This information is by no means confined to the medical profession, for the laity, in an ever increasing number, are refusing to accept the "family physician's" opinion in regard to many of their ailments. My "doctor" is no longer consulted for this, or that morbid condition. The services of a specialist are sought.

The "family physician," as understood in medical and in lay literature, is "passing out," but all the work he has been doing remains to be done and the question is how, and by whom is his place to be filled. Two solutions are suggested: (1) All physicians to be civil servants and in the employment of the State; (2) the group system. Many objections can be offered against the placing of medical practice under the control of the State; for example, partisan intrigue, stifling of enthusiasm, contentment with mediocre work, watching the clock, etc., etc. The second solution, both in theory and in practice, is the one of choice. It provides for all the family physician cannot overtake, and it is absolutely free from the defects incident to "State medicine." The "group system" can be carried out in different ways: (1) a physician, or surgeon, may select his own group, assign the work of each individual and pay a salary or allow a commission; (2) a number may unite, "pool" their knowledge, but not their fees; (3) "team-work" in which the services of every member of the group is at the command of every other member, each and all alike responsible for the character of the work being done. Great "clinics" are being built up now in most of our larger cities by this "team-work." The "Mayo Clinic," where there are about two hundred associated in the work, is an outstanding example of the rare efficiency of "team-work."

It has been the writer's privilege during a five months' sojourn in Los Angeles to see the "group system" in action—in all its forms. Each form has its strong and enthusiastic advocate. The "eminent physician," or surgeon, with his "hand-picked" assistants, does splendid work. In the second form of "group work" many younger men are found, and while each conducts his own practice, all are mutually helpful to each other, jealousies and detraction are eliminated from

the group and the reputation of each one is respected. While there is much to commend in each of the preceding groups, both the Art and the Science of Medicine seem best exemplified in the third or "team-work" group. Here the large waiting-rooms are filled with patients and like a great department store, everything highly organized—a large, well-trained office staff take all messages, furnish patients with any information required, copy and file records, collect the fees, keep all accounts. The laboratories, libraries, offices often occupy whole flats, or buildings. In this third group a position becomes much like that of a member of a Board of Trade. It acquires a commercial value which may often be a very important matter in case of disability or of death.

The passing of the family physician means the loss of some happy associations, but his work can be much better done by the "group system," and mutual help will take the place of competitive struggle, and love eliminate hatred.

INFANT MORTALITY IN OSHAWA AND PASTEURIZED MILK

By T. E. Kaiser, M.D.
Member of the Provincial Board of Health.

A few weeks ago the M.O.H. of Oshawa, Dr. McKay, startled this community by announcing that eighty-five children under one year of age had died during the year 1920. The figures were quite as amazing to me as they were to any other citizen of the town.

Shortly after the announcement of those figures telling the awful tale of our infant mortality the M.O.H. recommended compulsory pasteurization of all milk used in the town, and the Council refused the request. But, mark you, he did not say that our infants died in such large numbers because the milk was not pasteurized. I credit him with possessing too much sense for that. Following these announcements the "Council of Women" had their annual meeting, and, behold! there was heard "a voice in Rama; Rachael, weeping for her children and would not be comforted, because they were not." The Town Council was condemned, and consigned to a female purgatory because they failed to pass the pasteurization by-law, in the face of such a record of "infant mortality."

The medical officer says there is an abnormal death rate

among babies; sometimes he tells the truth in plain Anglo-Saxon. He afterwards says, "pasteurize the milk"—sometimes he jokes—unconsciously—in Spanish. The ladies, without further question, "jump at a conclusion" and endeavor to force the Council to compel everybody to use "pasteurized" milk, and thus save the babies. How simple! I had a copy of the death certificates prepared for me by the executive of the Board of Health. This list gives me the address, age, name and "cause of death" of each of the children, and this list has been before me for several weeks. I have been studying it with a view of discussing with the Provincial Board of Health some sane and sure measures by which to reduce "infant mortality." This list shows me that two children died from "unknown causes"; five died from malformations such as hydrocephalus and spinabifida (cause: usually tuberculosis or syphilis); ten died from pneumonia (if pasteurized milk is a cure for pneumonia, I am glad to know it); three died from starvation or inanition (any kind of milk would have cured these); eleven died before they had reached the tenth day, some only two hours (the quality or kind of milk could have had no effect in these cases); three diphtherias and six of rare or unusual causes; ten died of intestinal troubles, such as diarrhœa or cholera infantum. These are the cases which demand intimate study, because there is room to suspect that errors in feeding or a lack of "pasteurizing" milk may have caused these ten deaths.

So important appeared this phase of the question that I made a personal visit to every home where one of these babies died, in order that I might enquire myself and get the information which I desired at first hand. I found that three of these babies were "breast fed."

Four of the remaining ten, to my surprise, had taken no other kind of milk except that which had been "pasteurized." Now, ladies, I know you are waiting to hear what happened to the balance of these babies! I know that you are sure you could have saved them if you could only have reached them with a bottle of "pasteurized milk." There were thirty-seven of them, but, unfortunately for you and for the milk they were all either still-born, or classed as "premature." If any one can tell me what a hogshead of "pasteurized milk" could do for a dead baby I may change my mind about a great many questions. Thirty-seven still-born children in one year in Oshawa! Think of it! Forty-three per cent. of the total!

Try to make me believe that our infant mortality has any relationship to "pasteurized milk"! It is humbug, ladies.

Permit me to say that if you desire to do a real service to your sisters and to your country, you will begin a thorough investigation into these thirty-seven cases. Why were these children born dead? Were these mothers cared for intelligently during pregnancy? Is the question of infant mortality an economic one? or is it a moral one—I know you shudder at this analysis, and you dread the ordeal. It is not the business of society to close its eyes to cold facts. One must face an issue no matter how disagreeable.

Pasteurized Argument a Fraud.

In the matter of pasteurized milk I desire simply to say that it is an unmitigated fraud to try and force the issue upon Oshawa from the argument of the infant mortality of 1920. There may be other or stronger grounds upon which to urge it, but I shall for the present leave that to others. As the process is now carried out in Oshawa I regard it as almost useless, except as a means to enhance the price. I contend that for a small community such as we are, there are other phases of the milk supply which are far more important than pasteurization. Clean cattle, clean stables, clean cans, fresh milk, quickly distributed from a single centre, and every means resorted to by which a fair quantity can be secured at a reasonable price; organize milk routes so as to avoid a half dozen different milk men chasing one another down the same street, and churning up the milk till one can hardly tell what the article is when delivered; teach the women how to pasteurize and clarify their own supply; the process is as simple as to fry a sausage.

The Real Solution.

If we hope ever to produce sturdy youngsters who will develop into rugged men and women, able to resist foreign invasion or domestic disease, we must direct our energies into channels that will provide for them lots of milk at a price that parents can afford. The longer the community is content to pin its faith to the one word "Pasteurized" the longer we will delude ourselves by the fantastic fascination of a passing "fad," to the exclusion of other and more important considerations.

[Abstract of a communication to the ladies of Oshawa, published in full in the *Ontario Reformer,* March 29, 1921.]

OUR LONDON LETTER

(From Our Own Correspondent.)

London, March 15, 1921.

The Hospital Situation in Great Britain.

The situation as regards the hospitals of this country is in *statu quo*. A crisis still exists. Of course, the voluntary system cannot continue as before the war. Cost of everything has so greatly risen, and money is not forthcoming as formerly, and thus a change of management must be effected. The question is how can this change be brought about, in order that the principle of the voluntary system may be maintained, although it may be impossible to continue it in its entirety, and yet avoid nationalization, which appears to be the goal at which the labor party are aiming. The mass of the inhabitants of these islands, for it must be allowed that while the labor party through efficient organization are very powerful, its members scarcely constitute the bulk of the population, are against nationalization of the hospitals. Such a system is opposed to all traditions of the British people, and, moreover, it has so many obvious defects that it would not be to the advantage of the community at large that it should come into vogue. It must be borne in mind that those who earn their living more or less by the sweat of their brows, that is, the manual workers, are in these days not the poor. The majority of them can easily afford to pay, at least, something towards the cost of their maintenance in hospitals and for treatment. The really poor now are the middle classes whose incomes have not increased in proportion to the cost of living. Many of these find it hard work to make both ends meet, and when sick, cannot avail themselves of the free hospital treatment and care which is open to their much more prosperous brothers of the manual working class. Sir Napier Burnett, Director of Hospital Service of the British Red Cross Society, has this to say on the subject, that a patient in a voluntary hospital has certain values. First of all he has a value to his wife and family; next, he has a value to his employer; third, he has a value to insurance companies; fourth, he has a value to the State; fifth, he has a value to the municipality in which he lives; and, lastly, he has a value to his fellows, public sentiment. Sir Napier Burnett discusses all these values cogently and lucidly, but space is lacking to refer to his arguments here

in full. However, with regard to paying patients, some of his apposite remarks will interest Canadian medical readers. It may be interpolated before quoting Sir Napier, that medical men here, speaking generally, appear to have a strange aversion from the introduction of the pay ward into British hospitals. Perhaps they think that even the introduction of a partial pay system would be the death knell of the voluntary system. There is no reason why it should be. The labor party do not desire the pay system, from apparently selfish reasons, because manual workers would have to contribute towards the upkeep of institutions from which, in the past, they have received the greatest benefits, and because the party or their leaders are pledged to nationalization of everything, including hospitals. Now to quote Sir Napier Burnett. He says: "There is ample room for difference of opinion amongst hospitals as to which of three methods may be adopted for obtaining payment for patients, viz., first of all, by the almoner system; secondly, by a fixed levy per day or per week towards maintenance; or, third, by paying beds." As for the first two methods, these are not discussed further than to emphasize the need for educational propaganda for the purpose of correctly informing the public as to the work being done by the hospitals. Dense ignorance exists among British workmen, tinged with a good deal of indifference, with respect to this aspect of the situation. He has come to regard it as his inalienable right to be treated in a hospital free of charge, and the fact that such is not the case should certainly be impressed upon him by as forcible educational propaganda as possible. From the common-sense point of view it appears that the most obvious mode of solving the problem would be to introduce a paying, or rather, perhaps, a partial paying system. As for this phase of the question, Burnett says, "In regard to paying beds, I was rather surprised, during my recent survey of the hospitals, to find quite a large number of the small hospitals have made arrangements for paying patients; but many of the larger hospitals throughout the country have still made no provision by which those people with fixed, limited incomes can be admitted for hospital treatment at modified charges. The big hospitals are still considering the question. These people cannot afford the expense of a private nursing home, but they desire to pay their way, a British instinct which might be encouraged, rather than repressed and ignored." Since these words were spoken more than one big hospital have charged their in-patients for maintenance, treatment and

care, notably the immense London Hospital in the East End of London. It also seems that educational propaganda put forth with the view of teaching the masses that the hospitals have done and are doing splendid work and have fallen on evil times, has borne fruit. For instance, the report on the Sunday and Saturday Fund for the Norwich hospitals and medical institutions for 1920 is eminently satisfactory. While there is an increase under all headings, church collections, school collections, house to house collections, and so on, the main cause for the big increase in the total sum is the success of the new contributory scheme for factories and workshops. Under the new scheme the factory and workshop collections have mounted up from £1,071 in the previous year to £3,886 during 1920, very nearly a quadrupling of the income from this source; and the committee of the hospital reports that there is every indication that this amount will again be considerably augmented during the current year in view of the increased number of factories and workshops in which the employees have adopted the contributory scheme. This appears to show that employees are beginning to realize their responsibility and duty towards hospitals. If the example of Norwich is followed in other manufacturing cities and towns a long step will have been taken in the direction of placing the hospitals on such a sound financial basis that they may retain the best features of the voluntary system whilst introducing modern methods of management which have answered well in other countries, as, for instance, the introduction of a partial paying system which will not only render the hospitals available for the treatment of the middle classes, but which should spur the well-paid manual workers to exhibit their independence by paying for maintenance, treatment and care according to their means.

Treatment by X-Rays and Radium.

A meeting of the Edinburgh Medico-Chirurgical Society was held on February 2nd, when Dr. Knox of London opened a discussion on treatment by X-rays and radium. Among other information with regard to the efficacy of these therapeutic agents, he pointed out that the gamma rays of radium gave the best penetration, but X-rays would be as efficacious if a sufficient wave length could be attained. In the treatment of rodent ulcer radium gave good results. Improvement had followed the X-ray treatment of goitre. It may be mentioned that at a symposium on the treatment of goitre held at the

Royal Society of Medicine recently, some of the speakers spoke highly of the beneficial effects which followed the treatment of properly selected cases of goitre by radium. Dr. Knox said that in cancer of the cervix radium might cause its disappearance, but local disappearance did not mean cure, and co-operation between the radiologist and surgeon was requisite.

Professor Alexis Thomson, Professor of Surgery at the University of Edinburgh, said that the introduction of radium was the greatest aid to surgery that the world had ever seen. It could not supplant surgery. It succeeded in one case and failed in apparently similar cases. In inoperable tumors radium might reduce size and lessen fixation and make operation possible. In such cases radium should be inserted into the cavity. Dr. Cranston Low said that in rodent ulcer X-rays improved the condition up to a point, but seldom cured. Radium was more satisfactory. In carcinoma he advocated the maximum dosage in the shortest time. Large doses were destructive, while small doses were stimulating. In lupus cases radium did good. In acne vulgaris, X-rays had a great field, but not in the early stages. Professor Lovell Giulland, C.M.G., said that recently cases of leukemia had not shown the same improvement as those in which the rays had first been applied. He now preferred radium. In exophthalmic goitre, radium was to be preferred to the X-rays, because of the nervous condition of the patient. There might be exacerbation of the toxic symptoms at first, and it required some courage to continue.

Sir Harold Stiles said that in tuberculous glands the application of X-rays was hardly worth while, as the condition could be much more quickly cured by a comparatively simple operation. In lymphadenoma he advocated excision of a gland for diagnosis, and thought that radium used in connection with surgery might make prognosis more hopeful. After excision of a carcinoma he would put radium in any doubtful part of the wound. He thought that more interest in the action of radium and X-rays should be taken by biologists. Dr. Hope Fowler referred to the benefit which was afforded by radium to X-ray warts and other damage. Many cases were unsuccessful because of the shortage of the necessary amount of radium. He had saved many cases of tuberculous glands from the surgeon. Dr. Norman Walker said that Dr. Low had rather understated the duration of cases of ringworm before the advent of X-ray treatment. In rodent ulcer nothing was so good as radium.

The impressions gained from the discussion at this meeting are that in the opinion of those who took part in it, radium is in several respects superior to X-rays as a curative and remedial agent. All seemed to be agreed that radium has no rival in the treatment of rodent ulcer, and Dr. Knox and Professor Guilland pointed out that it was useful in the treatment of exophthalmic goitre.

A Congress on Radiology will be held in London at the Royal Society of Medicine beginning on April 14th. Many papers of great interest have been promised by European, British and American authorities on the subject.

The editors of the *British Medical Journal* and *Lancet* have been knighted by the King. This is the first time that a British medical editor has received official recognition from the Government.

Sir Dawson Williams, the editor of the *British Medical Journal*, was a well-known clinician before he entered medical journalism. He specialized in children's diseases, and was assistant physician to the East London Hospital for Children. He was educated at University College, London; was M.B. with honors; a gold medallist, B.S., 1879; M.D., 1881, University of London; F.R.C.P., London; Hon. D.S.C., University of Sheffield; Fellow of University College, London. Sir Dawson Williams first joined the staff of the *British Medical Journal* as assistant editor under Ernest Hart, continuing to practise at the same time. On the death of Ernest Hart in 1908, he succeeded him in the editorial chair, when, of course, he had to give all his time to medical journalism. Few medical editors of any country have possessed the scientific equipment of Sir Dawson Williams, and it was the public's loss and medical journalism's gain when he decided to devote his knowledge to the service of medical journalism. Sir Dawson Williams has done much, and this is his especial pride, to promote the *entente cordiale*. He was largely responsible for the visit of French medical men to London and the return visit of British medical men to Paris some twelve or thirteen years ago.

The other medical editor knight, Sir Squire Spriggs, is fairly well-known in Toronto. His first wife was a daughter of the late Sir Charles Moss, Chief Justice of Ontario, and of Lady Moss, while his second wife is the daughter of the late Major Jones and Mrs. Jones, who lived formerly in Toronto. Sir Squire Spriggs was educated at Caius College, Cambridge, and St. George's Hospital, London, graduating in arts

and taking the Cambridge degree in medicine. He is also member of the Royal College of Surgeons. Before joining the staff of the *Lancet* in 1893, he held various literary and professional posts. He was appointed assistant editor of the *Lancet* in 1895 and editor in 1908. He has been chairman of the Society of Authors. Sir Squire Spriggs has written books himself. Among these may be mentioned a treatise on medical politics, entitled, "Medicine and the Public," an amusing collection of short stories; "Odd Issues"; and an original novel, "An Industrious Chevalier." Sir Squire Spriggs has been, and is, an able medical editor, and no unworthy successor to the distinguished founder of the *Lancet*, the well-known coroner, Thomas Wakley. The honors to these medical editors, although undoubtedly well deserved, may be regarded quite as much as a somewhat tardy recognition of, and tribute to, British medical journalism.

English-Speaking Conference on Infant Welfare.

Through the initiative of the British National Association for the Prevention of Infant Mortality and National Baby Week Council, Sections of the National League for Health, Maternity and Child Welfare, and under the patronage of their Majesties the King and Queen, an English-speaking Conference on Infant Welfare will be held at the Kingsway Hall, Kingsway, London, on Tuesday, July 5th, Wednesday, July 6th, and Thursday, July 7th, 1921, from 10-1 and from 2.30-4.30 each day. Patron, the Right Hon. Christopher Addison, M.P., M.D., Minister of Health; President, the Right Hon. Viscount Astor, Parliamentary Secretary to the Ministry of Health. Programme—the following will be the main subjects under discussion:

1. Residential provision for mothers and babies. 2. Inheritance and environment as factors in racial health. 3. The supply of milk: its physiological and economic aspects. Papers will be submitted by a number of eminent authorities from all parts of the world on the above subjects. A detailed programme will be published later.

Editorials

THE ACADEMY OF MEDICINE, PARIS

The Academy of Medicine of Paris was one hundred years old last December 20th. Originally it was a fusion, under an ordinance of King Louis XVIII, of two older societies, the Royal Academy of Surgery and the Royal Society of Medicine. Its principal duty was: To reply to the questions of the Government in regard to everything that pertains to public health.

The Academy celebrated its centenary by ceremonies extending over three days. Among the most prominent speakers were the eloquent President, Millerand, Professor Laveran, Dr. Vaillard, Professor Pinard, Dr. Delorme, and M. Hanriot. On the evening of the third day there was a banquet and reception. The attendance at all the functions was large and much enthusiasm was manifested by those present.

DR. JOHN BROWN

Among the numerous articles published in the *New York Medical Journal* during the last few months, probably none is more interesting that the one descriptive of the life of Dr. John Brown.

As most of us know, Dr. John Brown possessed a wonderful old grey and brindled mastiff, Rab, " as big as a Highland bull " but much more lovable. There is no doubt that the story of *Rab and His Friends* is the most popular dog story that has ever

been written. Brown wrote it between twelve and four of a summer morning, it is said.

> Ye stapped your pen into th' ink
> An' there was Rab.

Dr. Brown was born in Lanarkshire, Scotland, in 1810, and died in Edinburgh in 1882. He commenced the study of medicine in Edinburgh University in 1827, and from 1828 to 1833 was apprenticed to probably the most distinguished surgeon of his time in Scotland. He graduated in 1833 and spent the rest of his life in that city, actively engaged in the practice of medicine.

His literary output was much smaller than his friends wished, but as he was the most eminent physician of Edinburgh at that time and thoroughly devoted to his profession, we can easily understand why he had not much time for writing.

According to Andrew Lang, "he was a man of rare sweetness of disposition and charm of manner. I have never known any man to whom other men seemed so dear—men dead, men living. He gave his genius to knowing them and to make them better known, and his unselfishness thus became not only a great personal virtue but a literary charm."

GLOVER CANCER SERUM

We find in the *Jour. A.M.A.* March 26th, a letter from Dr. Francis Carter Wood, Director of Cancer Research, George Crocker Special Research Fund, New York, from which we extract the following:

In response to an advertisement, I obtained some serum from the makers of an alleged cancer cure,

prepared in Toronto, Canada, at a cost of twenty-five dollars for five doses. The serum was tested on carcinomas and sarcomas of the white rat. In some instances the serum was injected directly into the tumor, in others, subcutaneously or intramuscularly, as recommended by Dr. Glover. The serum appeared to be rather toxic, and the injected animals failed slowly in health. The treatment had not the slightest effect on the growth rate of the tumors, nor was any tumor cured.

These results confirm the report of the Toronto Academy of Medicine as to the worthlessness of this serum as a therapeutic agent for malignant tumors.

LISTER

As there is so much misunderstanding in Canada as to Lord Lister, it seems fitting that one who knew him while he was doing his great work in London should give some particulars as to his reception and career in that city.

We have to say, with regret, that the profession in England were slow in accepting his views, and that the criticisms of some were harsh and unkind, but they were mostly directed against his views, not against the man, Lister. There were, however, unfortunate exceptions in this regard, of which the following are examples:

One said that "he suppressed statistics because he had none that he would not be ashamed to produce."

Another said, "The publication of isolated cases, however good, proves nothing, whereas the withholding of the whole suggests much."

These statements were, of course, absurd, untrue, and discourteous, but they were received with general disfavor, and, we think, were not repeated. We are glad to be able to say that the number of such discourteous critics was considerably less than one per cent. of the physicians and surgeons of London.

Let us look at the other side of the picture. The profession of London were hearing for some time about Lister's great work, especially while in Glasgow and Edinburgh, and a large number of London's best surgeons were anxious to study the new antiseptic methods. They considered the most satisfactory plan would be to have Lister come to London, and they made their arrangements accordingly. He was induced to take a position on the staff of King's College Hospital, entering on his duties with the distinct understanding that he was to have a complete seclusion of his own wards with house-surgeon and nurses absolutely under his control. This was really a magnificent thing on the part of the authorities of that great hospital, something unique in hospital history. He went from Edinburgh to London in the latter part of 1876, just sixteen years after he commenced his great work in Glasgow, his age, on his arrival in London, being forty-nine.

Three years after Lister went to London, Mr. John Wood, one of London's greatest surgeons, publicly voiced the feelings of the great majority in that city when he used the following words:

"While thus defining the limits of my agreement with my esteemed colleague, Professor Lister, I must take this opportunity of congratulating him sincerely upon the possession of those advantages

which have made him so powerful an advocate of "Antiseptic Surgery," and which will give him so high a niche in the temple of fame; upon the professional position which has given him the authority; upon the gifts of fortune which gave him the means; upon the gifts of Nature which gave him, in happy combination,

The patient thought, the steadfast will,
Resolve and foresight, strength and skill,

which he has laid upon the altar of suffering humanity."

ACADEMY OF MEDICINE, LONDON, ONT.

A very interesting meeting of the Western Ontario Academy of Medicine was held in London, March 25th. The meeting was largely attended by the physicians of London and the western district, and also by nurses and medical students.

Dr. Angus McLean, an old Glencoe boy, Professor of Surgery in the Detroit College of Medicine, delivered an address on "Ulcer and Cancer of the Stomach and Duodenum." He advised a more careful study of diagnosis, and related some histories of cases in practice. He mentioned one serious case where a malignant ulcer received Christian Science treatment for two years, at the end of which time perforation into the stomach took place. Medical assistance was summoned, and the patient's life saved with great difficulty. He also mentioned a second case where the patient had so much faith in Christian Science that he delayed sending for a regular physician for twelve hours, with the result that the

attack proved fatal. Therefore, he declared, Christian Science treatment may be good for some ills, but not for gastric ulcer.

Dr. Thomas S. Cullen, Professor of Gynæcology in Johns Hopkins University, took as the subject of his address, "Weak Points in Canadian and American Surgery." He first paid a tribute to the pioneers in surgery who blazed the way for present day methods. He declared that twenty-five years ago in the City of London the mortality following surgical operations was 25 per cent., while now it is less than 2 per cent.

Surgical pathology is one of the essentials required in order to obtain definite concrete surgical facts from the operating room. Much labor is involved before a good surgeon is produced. He cited some of the difficulties in his own case encountered after graduation from the University of Toronto in 1890.

He then referred to the advantages offered to the present day medical students training in their university as compared to that when he graduated, pathology being then in its infancy. He then related a conversation he had with Mayor Church, of Toronto, one of his old school chums, recently, in Baltimore. The Mayor of the Queen City recalled the days when he and Dr. Cullen were both employed in the assessment department in Toronto City Hall. He also mentioned the great strides made by the Canadian National Exhibition during the past decade. "I told him," said Dr. Cullen, "that I once worked in a restaurant at the Toronto Fair, making 2,000 sandwiches in a week, and a barrelful of lemonade from six lemons and citric acid.

He then described some details in operations for umbilical, inguinal, and femoral herniæ.

Dr. Ernest K. Cullen, a brother of Dr. Thomas, also a graduate of the University of Toronto, and now Professor of Gynæcology in the Detroit College of Medicine, then delivered a short address. He continued the discussion introduced by his brother. Among other things he suggested that every medical college should turn out one trained surgeon and one trained physician to supply in part at least the legitimate demand for such experts. "In London, with your hospital of 350 beds, this could be accomplished, but in all instances each man in training must make a sacrifice."

CANADIAN PHYSICIANS IN THE UNITED STATES

There are many men, born and educated in Canada, who are now practising medicine and surgery in the United States. We are very glad to give these men a cordial welcome when they visit us in Canada. That was a very pleasant function in London, Ontario, March 25th, when three distinguished Canadian surgeons attended the meeting of the Western District Academy of Medicine.

In the *London Advertiser*, March 25th, we find the following paragraph:

"Two distinguished brothers, both Canadian born, each recognized as an authority, who have attained prominence in the field of medicine, are to attend the meeting of our medical society on Friday of this week. These two men are Doctors Thomas and Ernest Cullen, sons of the late Rev. Thomas Cullen,

who, from 1893 to 1896, was pastor of the Askin Street Methodist Church in this city. Dr. Thomas is a professor in Johns Hopkins, Baltimore. He was born in Bridgewater and educated in the University of Toronto."

The writer goes on to say: "With him will come his younger brother, Dr. Ernest, who will be remembered by scores of his old mates in London.

"With Drs. Cullen will also come Dr. Angus McLean, Professor of Surgery in the Detroit College of Medicine and an old Glencoe boy."

We offer our congratulations to these three distinguished men, all of whom have many friends in the Province of Ontario.

ACTION FOR MALPRACTICE

Some time during last year Dr. Robert Archer, of Port Perry, performed an operation, which included an abdominal section, in a case of serious emergency with very unfavorable surroundings. At a certain time Dr. Archer advised the operation, when probably the dangers and difficulties connected therewith would have been very slight, but the patient positively refused. Some time afterwards the emergency arose. Dr. Archer was called during the night. Rapid action was very urgent, so he operated in the house during the night with poor light from a candle. It happened, fortunately, that Mrs. Archer was a trained nurse and gave very good assistance to her husband. The woman was in an almost dying condition, and great haste in completing the operation was needed. One sponge (a mod-

ern cotton wipe) was left in the abdomen, and at a subsequent operation, performed by another surgeon, was discovered and removed.

Dr. Herbert Bruce, in giving evidence at the trial, expressed the opinion that Dr. Archer would have been culpable had he delayed to look for a wipe before closing the wound. Instead of any evidence of carelessness, the whole conduct of the case was worthy of commendation. It was handled in an able and scientific way.

The presiding judge, Mr. Justice Sutherland, in giving judgment, said: "Upon the evidence, it is clear that the defendant was possessed of more than average surgical skill and operated in an expeditious and skilful manner." He added in conclusion, "I am of the opinion that the failure to remove the sponge cannot be regarded as actionable negligence, or as more than an accident, excusable and condonable slip, or inadvertency, resulting from the critical condition of the patient and the paramount duty of completing the operation in the shortest possible time."

CHARGES AGAINST THE HEALTH OFFICERS OF TORONTO

We learn from the London *Free Press* of March 26th, that Dr. W. S. Downham, M.O.H., of London, accused the Toronto Board of Health and physicians in that city because a woman recently came to London from Toronto, where she had been attending a sister ill with chickenpox, and developed a serious form of smallpox. He said the disease of the patient's sister in Toronto had been diagnosed as

chickenpox by a physician of that city, who had not reported the disease or made any effort to isolate the patient.

This statement was made at a meeting of the London Board of Health. Ex-chairman J. H. Saunders, of London, asserted he was in Toronto during the previous week attending a convention, and that the President of that Association (Dental, we think), had three cases of smallpox in his home at that time, and yet he had not been quarantined, but presided at sessions of the convention with perfect freedom.

We regret to see this sort of thing published in such a paper as the London *Free Press*, which, in our opinion, is one of the best in the Dominion of Canada. We, unfortunately, cannot explain, but we have no knowledge of such things being done in the city of Toronto. As a matter of fact, while we attach no particular blame to any parties, we believe that Toronto has suffered more from the importation of infectious diseases from outside localities than any other city in Canada.

News Items

AMERICAN MEDICAL EDITORS' ASSOCIATION

The 52nd annual meeting of the American Medical Editors' Association will be held at the Hotel Lenox, Boston, Mass., on Monday and Tuesday, June 6th and 7th, under the presidency of Dr. H. S. Baketel, editor of the *Medical Times*.

A novel feature of the literary programme will be introduced this year in the shape of symposia, which will be discussed by various members. The subjects will be: "Group Practice and the Diagnostic Clinic." "What Should be the Attitude of the Profession Toward Health Centres?" "The Correlation Between Editorial, Advertising and Subscription Work."

Every doctor, even remotely interested in medical journalism, will find it to his advantage to attend, and is most cordially invited.

SURGERY IN THE WAR

Dr. Herbert Bruce, of Toronto, delivered an address on this subject at a meeting of the York Pioneers, held April 5th. He said, as reported in the Toronto *World*:

"The people of to-day are benefiting greatly by the discoveries which were made. Out of the great list of advances, Dr. Bruce pointed in particular to the progress made in the transfusion of blood. Operations of this character were frequently performed before the war, but it was only during the second year of the struggle that it was discovered that blood can be kept in cold storage, and that for purposes of transfusion it is just as useful as when taken directly from the human body. Dr. Bruce told of the way in which gallons of blood were kept in cold storage to be ready to meet emergency cases when they were brought back from the front, and by the use of this blood hundreds of lives were saved. It was also the custom, he pointed out, for the medical authorities to keep a number of young husky soldiers around the medical headquarters to have them ready to give up some of their blood to the wounded who were in need of it, but it was discovered that operations of direct transfusion were no more successful than were the other type.

"Another advance made during the war was the successful combat of the tetanus germ. In other wars this germ caused many deaths by lockjaw, so the bacteriologists got busy and prepared large quantities of anti-tenanus serum, and this was injected into each wounded soldier as soon as he was picked up on the battlefield. By this quick treatment, tetanus practically disappeared from the list of diseases. Prior to the Great War, carbolic acid was used as the chief antiseptic, so the Canadian and British authorities sent huge quantities of this acid overseas, but owing to discoveries made early in the war, practically none of it was used. This was because a Scotch chemist, working in France, found out that a chlorine preparation was more powerful and that it would not destroy the tissue in the same way as carbolic acid. This chlorine treatment, Dr. Bruce pointed out, was of tremendous benefit in combating infection, although a discovery was later made by the British and French simultaneously, that a plain salt solution treatment would serve the purposes just as well. Another advance was the discovery that all devitalized tissue should be removed from wounds, for this tissue, if left in, would produce gangrene and give all kind of trouble, possibly causing death. This system was started in 1917, and produced surprising results."

DAMAGED GOODS

The return of our old friend, "Damaged Goods," does not meet with universal approval. Hon. Mr. Howard Ferguson declared in the House, April 6th, that the film had been banned by the late Government as a revolting production that had served no good purpose. He entirely disagreed with those who talked of educating people morally by dragging them through the mire with such pictures. He believed that they worked a serious injury to the finer sensibilities of the community. It will be remembered that a few weeks ago Mr. Hartley Dewart expressed a similar opinion. In reply Hon. Peter Smith pointed out that the film had first been banned, but that the Board of Censors had allowed it after it had been so changed that it was hardly recognizable.

We are told that the object of such exhibits is to instruct growing boys and girls as to the danger surrounding them. Professor J. A. Dale, of the University of Toronto, told us a short time ago that the objects to be attained in effectively curing society of venereal disease were (1) accurate knowledge,

and (2) refinement and purification of character, and (3) healthful activities. We agree largely, especially as to (2) and (3), and, in connection therewith, suggest that a few grains of good motherly teaching for both young boys and girls is worth more than a ton of "knowledge."

A COW'S MILK AND ITS PRODUCTS

Those who have expressed the opinion that the children of our public schools, including those of the well-to-do class, are undernourished, have recently given many proofs of the correctness of their contentions. Among those who have spoken most strongly in this regard are Dr. Hibbert Hill, of London, Ont.; Dr. Chas. Hastings, and Mrs. A. M. Huestis, of Toronto.

We are much pleased at the attitude of Mrs. Huestis and others who are taking an active interest in the matter. We find in the city of Toronto, as well as other cities and towns of Ontario, that after the women commence to move things go on much faster.

Dr. North, of New York, in his address in the University Convocation Hall, pointed out clearly that oleomargarine had practically no food (nourishing) value—because it is absolutely lacking in vitamines, which constitute the great food value of milk, butter, and cheese.

There was one rather unsatisfactory feature in Dr. North's interesting address. He said: "Pasteurization does not injure the vitamine property of milk to any marked extent, and what injury it causes can be made up by the use of oranges or tomatoes." If we assume this statement to be correct, we have to express the fear that it is too indefinite to be of much service to the mother, nurse, or teacher, when administering milk as a food to children.

Mr. Jacob L. Englehart, formerly Chairman of the Northern Railway Company, was for some time a resident of Petrolea. He was widely known for his philanthropic activities. As a memorial to his wife, who died in 1908, he presented his homestead, at Petrolea, a large and beautiful house with thirty-four acres of land, to the town for use as a hospital. In the following year, 1909, he presented a complete X-ray apparatus to St. Michael's Hospital, Toronto. He died April 5th at the Wellesley Hospital, Toronto, after a few weeks' illness.

DOCTORS AND THE O.T.A.

It was reported in the latter part of March that thirteen doctors of Fort William and Port Arthur had been suspended by the Ontario License Board because they had issued too many liquor prescriptions. Mr. J. D. Flavelle stated, April 5th, that the Board had suspended only three doctors in that neighborhood. One doctor had issued 300, another 274, and a third 270 prescriptions in one month.

The Veterinary-General of Canada, Dr. F. Torrance, stated, April 5th, at Ottawa, that every dairy herd should be subjected to the tuberculin test. The work is slowly extending in municipal testing, but not to the extent that might be expected. Municipalities do not appear to realize the advantages of the Government offer to test dairy herds free of charge, and also to pay the full value of cattle slaughtered as diseased. Many officers of municipalities appear to think that pasteurization of the milk will always make it perfectly safe, but this is not correct.

On account of the deplorable carelessness of many in authority, much impure milk is distributed, with disastrous results to many defenceless children, who thus become infected with tuberculosis.

Our inspector found in one dairy ten cows, all of whom reacted with the tuberculin test. When these were slaughtered all were found diseased—some extensively. Among them were cows whose milk was loaded with tubercle bacilli. This dairy was distributing milk daily in a certain city.

At the last meeting of the Western Academy of Medicine, London, Ont., Dr. Robt. Ferguson proposed a resolution of sympathy and regret at the loss sustained by the death of Dr. Hugh A. McCallum:

"We have all lost a very warm friend, and, in addition, the death of Dr. Hugh A. McCallum has removed one of the best medical men of the country."

The members of the Academy who were present stood in silence as a tribute to the memory of their distinguished colleague, while Dr. Ferguson was proposing the resolution.

Personals

Dr. Harry Glendenning, of Bloor St. E., Toronto, returned to his home, April 3rd, after a vacation at Bermuda.

Dr. D. N. Maclennan left Toronto, March 13, on a trip to the Mediterranean.

Drs. Thomas Cullen, of Baltimore, and Ernest Cullen, of Detroit, spent Easter Sunday in Toronto.

Dr. J. E. Hanna, of Ottawa, visited Toronto in Easter week.

Dr. Alex. D. McKelvey, after a visit to the South, returned to Toronto, March 26th.

Dr. Horace Youmans, of Belleville, returned to his home, March 31st, after a visit to St. Petersburg, Florida.

Dr. George Ross, of Toronto, returned to his home, March 31st, after a visit to Atlantic City.

Dr. Charles J. Hastings, after a well-earned holiday spent in St. Petersburg, Florida, returned to Toronto March 20th.

Dr. W. W. Francis, of Montreal, was married to Miss Hilda Callery, a V.A.D. worker in France, in Geneva, March 14th.

Dr. Charles S. McVicar, of Toronto, is still at the Mayo Clinic, Rochester, Minn., and is likely to remain there longer than was first expected.

Dr. Adolph Leray, of Paris, France, was, for many years, one of the most distinguished X-ray workers in the world. He did a wondrous amount of work for humanity, especially in war time. Although he suffered much from the evil effects of the X-ray on himself, he never relaxed his efforts in any way. His friends are quite right in saying that he had the "satisfaction of dying a hero."

We learn that George Edward Kidd, M.C., M.D., C.M., Queen's Univ., Canada, M.C.P. and S. Ont., has been successful in passing the Fellowship Examination of the Royal College of Surgeons of Edinburgh.

Miss Helen Fotheringham, daughter of Surgeon-General Fotheringham, of Toronto, returned to her home, April 10th, after a trip to the West Indies. While in Jamaica she saw Dr. Allen Baines, and reports great improvement in his condition. He told Miss Fotheringham that he would probably reach Toronto on his return early in May.

Dr. W. P. Caven, of Toronto, has had a rather severe illness. For several months he had some trouble in one hand which was supposed to be due to chronic inflammatory conditions. It is reported that the X-ray was used, but not with satisfactory results. After consultation with Dr. Crile, of Cleveland, it was decided to remove two fingers and a portion of the hand. Recovery after the operation was slow because of a certain amount of gangrene and sloughing. In connection therewith there was a certain amount of systemic infection which caused considerable alarm. However, after a few days the serious symptoms subsided and recently we are told that he has been improving steadily, although somewhat slowly. At the time of writing, April 25th, reports are favorable.

NURSES' RESIDENCE

The Local Board of Health of Toronto approved plans for a new nurses' residence for the Isolation Hospital to be built on the jail grounds, and decided, March 22, to commence operations at once. The building will cost $300,000, and will have accommodation for 150 nurses.

Obituary

ROBERT J. WILSON, M.D., L.R.C.P. (LON.)

We have to record with deep regret the death of one of Toronto's ablest and most popular physicians, which occurred at his late residence, 30 Bloor Street West.

Dr. Wilson was born at Eglinton Avenue in 1861, and graduated from the University of Toronto in 1886. After graduating, he took courses in London and Dublin. On his return, he commenced practice in Toronto, and was highly successful in every respect. There probably was never a doctor in the city of Toronto who gave more medical service to the needy without charge than he. When the war broke out, he expressed a strong desire to go overseas, although over the military age. With some reluctance he was allowed to go as a member of the staff of Orpington Hospital. While in England he had some sort of a "stroke," followed by partial paralysis, from which he never fully recovered, although he was able to do considerable work after his return to Toronto. Bob Wilson was one of our best, and we deplore his loss more than we can tell.

THOMAS P. CAMELON, M.D.

Dr. T. P. Camelon, of Detroit, died at his home, April 7th, from pneumonia. He was born in London, Ont., received his medical education at Queen's and McGill Universities, and graduated M.D. in 1895. Soon after he settled in Detroit, practising as a specialist in diseases of the throat, nose and ear.

J. R. LANCASTER, M.B.

Dr. Joseph R. Lancaster, of Tillsonburg, was seriously injured March 24th, when a passenger train collided with his automobile, which, with himself, was carried a distance of nearly fifty yards before the train could be stopped. It was then found that the doctor had sustained serious injuries, including one or two fractures, that of one leg, and, possibly, of the spine.

This condition was considered very serious, but one week after the accident he commenced to improve, and hopes of recovery arose. After a few days, however, he took a turn for the worse, and gradually sank until April 15, when death occurred. He graduated M.B. from the University of Toronto in 1895.

ALFRED WESTLAND NIXON, M.D.

Dr. A. W. Nixon, of Georgetown, died at Guelph, April 8th, aged 58. He was born in Stewarttown, a small village near Georgetown, received his preliminary education in the Brampton High School, and his medical training in Trinity Medical College. After graduating from Trinity University in 1891 he commenced practice in Georgetown, where he soon achieved success as a physician and tremendous popularity as a man, being elected Reeve of the Town within ten years. In 1902 he was the conservative candidate in the Provincial election, when he was defeated by sixteen votes. At the next election in 1905 he was successful, as also in three following elections. He was, however, one of the many who went down in the great landslide of 1919, when, in a three-cornered contest, the U.F.O., Mr. Ford, won out. About one year ago he had a serious illness, followed by partial paralysis, from which he never fully recovered, although marked improvement for a time created in his friends hopes which, however, soon gave place to disappointment.

JOHN JAMES HARPER, M.D.

Dr. J. J. Harper, a well-known physician of Alliston, died at the Wellesley Hospital, Toronto, March 11th, after an illness of four weeks. He graduated from the University of Toronto in 1892, after which he settled in Alliston, and practised his profession there up to the time of his last illness. Apart from his pronounced success as a physician, he became prominent in municipal matters, and was for a time Mayor of Alliston.

Book Reviews

Diagnostic and Therapeutic Technic. A Manual of Practical Procedures Employed in Diagnosis and Treatment. By Albert S. Morrow, M.D., late Lieut.-Colonel, M.C., U.S.A., Attending Surgeon to the City Hospital, and to St. Bartholomew's Hospital, New York City, Consulting Surgeon to the Nassau Hospital, Mineola, L.I. Third Edition, entirely reset. Octavo of 894 pages with 892 illustrations, mostly original. Cloth, $8.75 net. 1921. Philadelphia and London: W. B. Saunders Company. Sole Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

It is with great pleasure that we review the third edition of Dr. Morrow's most excellent work. Diagnostic and Therapeutic Technic are subjects that every practitioner should be conversant with. To-day there are so many excellent methods of diagnosis, and old methods have been so improved, that it is only by such a volume as the one before us that we can keep in touch with the marked progress. The author is a thorough master of this art, and his illustrations and descriptions enable one to comprehend and appreciate technic which, while ordinarily very complicated, by these descriptions becomes very simple. The illustrations are well chosen and the typography and press work are exceedingly good, and we know of no work of the kind which so thoroughly fits the niche as this one does. It should be on the shelves of every practitioner for reference.

The Anatomy of the Nervous System, from the Standpoint of Development and Function. By Stephen W. Ranson, M.D., Ph.D., Professor of Anatomy in Northwestern University Medical School, Chicago. Octavo volume of 395 pages, with 260 illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $7.25 net. The J. F. Hartz Co., Limited, Toronto, Ont.

The purpose of this book is to teach the anatomy of the nervous system in such a way as to correlate it to all the other parts of the medical curriculum. At the same time, the volume is so arranged that it can serve as a guide to laboratory work.

The last decade has seen great advances in our understanding of the functions of the brain, and these will undoubtedly be followed by still more till this organ will emerge from obscurity. Senior students and research workers will find this work one of the very best.

The illustrations are excellent, a large number of them original, and the letterpress is the very best.

A Text-Book of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania. Fourteenth edition. Thoroughly revised with the assistance of John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania. Octavo of 1,284 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. 1920. Cloth, $11.00 net.

This is an admirable text-book of medicine for both student and general practitioner. As compared with former editions, we find many changes. Much has been deleted, and much that is new has been added. Some complaints such as bronchial spirochetosis, trench nephritis, syphilitic aortitis, epidemic encephalitis, wood alcohol poisoning, and botulism, not mentioned in former editions, are described in this. Many changes in the descriptions of various diseases such as cerebro-spinal meningitis, pneumonia, diabetes, scurvy, anæmia, goitre, focal infection, asthma, hay fever, etc., have been made. The chapter on influenza has been entirely rewritten, and although it contains nothing new or startling, it describes very well all that is known about this singular and complex malady. Upon the whole, we may say this is really a new text-book, and we have no hesitation in saying it is an exceedingly good one.

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Selections

Newer Aspects of the Clinical Study of Tumors

Dr. James M. Ewing, of New York, read this paper at the Philadelphia Medical Society, in which he said that the results of the past twenty years in experimental cancer research had been disappointing in their relation to the practical side of the cancer problem. They had had very little influence on the death rate from cancer, and, while the real progress of knowledge might not be measured by practical results, it was a sobering thought that the conquest of cancer was not to be achieved by the recent scientific contributions of the research laboratory. The importance of these contributions should not be underrated. It had been shown that there was no such thing as immunity against cancer, although a certain resistance to tumor growth had been observed under many conditions. No essential difference betwen tumor tissues and normal tissues had been demonstrated as regards the chemical composition, the ferment activities, or the mode of growth. So far as experimental cancer research was concerned, we were apparently not to have a new cure for cancer, nor any new and easy method of diagnosis, nor any revelation of specific etiology. We were still required to recognize the disease by the crudest of methods, by looking at it with our eyes and through the microscope; and most of us still had to treat it by the equally crude method of cutting or burning it out. Mammary cancer, one of the most familiar forms of malignant tumor, presented wider variations in natural history than almost any other. It occurred as a fulminant febrile disease, fatal in a few weeks or months, or as a prolonged and relatively harmless affection lasting many years. It was, therefore, of no significance to determine the duration of mammary cancer as a whole or to state the general result of operation. The disease had to be subdivided. Unless mammary cancer existed in a form and size recognizable by the trained naked eye it was doubtful if it existed in a clinical sense. Age and state of nutrition of the patient were determining factors in the prognosis of mammary cancer. In florid young women under thirty years a mammary cancer had a very unfavorable prognosis, and many thoughtful surgeons refused to operate on such subjects. After seventy fewer operations would be performed if the surgeon would consult the tables showing the expectation of life at those periods. The author's experi-

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often becomes an "eye-sore" to the conscientious physician whose therapeutic resources have come near being exhausted—with the patient little, if any, improved.

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ence with surgical material convinced him that too many women suffered radical operation for conditions that proved not to be cancer. This state of affairs was the result of the general assumption that any lump in the breast was to be regarded as cancer until it was proven otherwise, and that it was unsafe to make an incision into a localized cancer. But the majority of lumps in the breast were not cancer. The majority of those that were could be recognized by competent clinical and physical examination, and he knew of no evidence, clinical or experimental, that justified the belief that a clean incision into a breast cancer for diagnosis disseminated the disease. Certainly it did less harm than the squeezing and kneading of the scores of examinations that most mammary cancers received before they reached the operating room. The first thing to do with a lump in the breast was to determine its nature. He ventured to express the hope that in the not distant future the surgery of mammary cancer might be greatly restricted from its present scope and, without daring to make any predictions, he trusted it might eventually be entirely discarded and replaced by physical therapy. During the past ten years a complete transformation had occurred in the clinical and therapeutic setting of uterine cancer due to the introduction of radium therapy. The majority of cervical cancers appeared to fall in the basal celled group, so that in about eighty per cent. of uninterrupted fatal cases the disease was limited to the pelvis and death resulted from occlusion of the ureters. Since the term sarcoma was applied to very numerous and very diverse groups of malignant tumors, it was obvious that the simple designation sarcoma was no diagnosis. One had to be quite specific in the recognition of the sarcomatous diseases, and this accuracy was generally best attained by stating the exact cells or tissues of origin or by the use of some definitive clinical term which was free from obscurity. The absolute necessity of distinguishing sharply between different forms of sarcoma was well illustrated by those occurring in the limbs and bones. Not always, but generally, all these tumors appearing in the surgical clinic were masked in one grand class of "malignancy in bone," and most of them were consigned to but one treatment, amputation. Yet one could hardly find in the entire range of oncology more diverse diseases in clinical study, gross anatomy, histological structure, and natural history. They included wholly benign processes tending to spontaneous healing after many years or the most malignant of neoplasms fatal in a few weeks. If any important impression was to be made in our time upon the debility and

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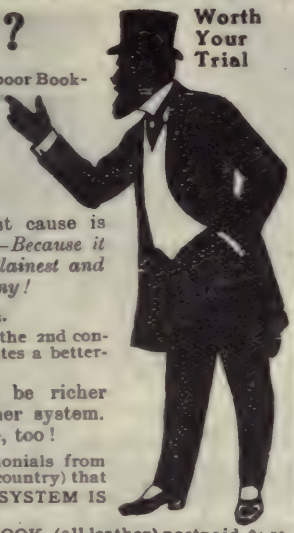

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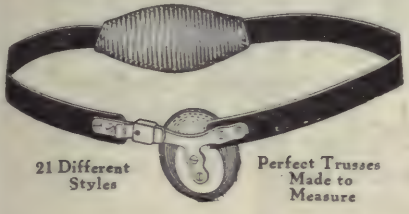

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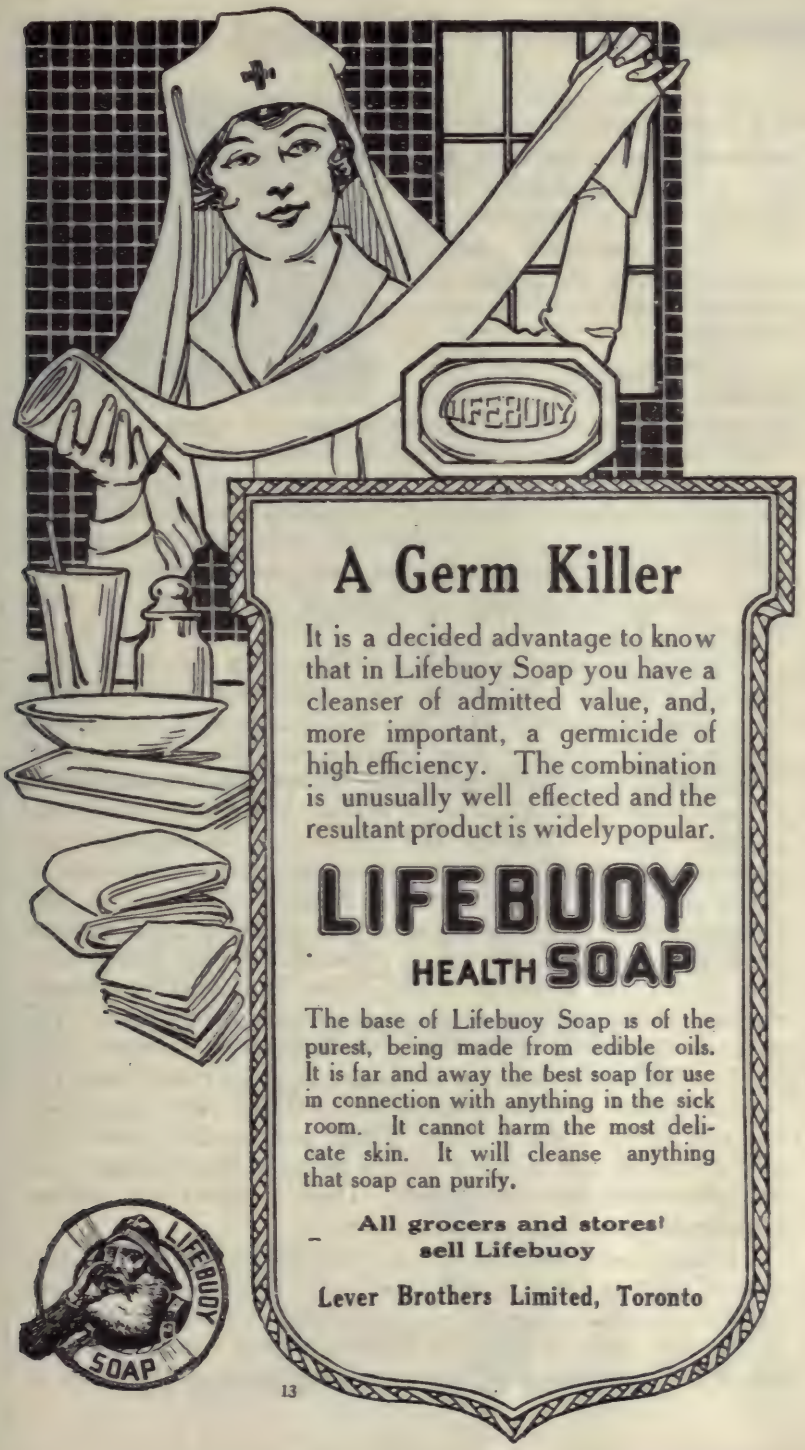
mortality from malignant tumors, it was everywhere agreed that earlier diagnosis and earlier treatment must be secured. This service could be rendered only by learned and skilful clinicians. All along the line there was need of more cordial reliance upon the simple direct method of clinical study at the bedside and the morphological study of tissues in the laboratory. In the field of tumors it appeared that we had not yet begun to exhaust the resources of these methods.—*N. Y. Med. Record.*

House-cleaning in Japan

In Tokyo and other large cities in Japan the question of how often and how thoroughly house-cleaning is to be done, is not left to the judgment of the housewife; it is regulated by the Police Department, and twice each year every Japanese home must be thoroughly cleaned, whether it be the humble home where the work is done by members of the family, or the palatial dwelling where there are many servants. The date of the function is set and advertised about two weeks in advance. When the fateful day arrives, if there is no other way of managing, in these days when servants are few there as here, even a clergyman must drop his church work and fall to, and beat and clean the "mats," all of which, if there is no yard or garden around the house, must be taken out into the street for the purpose. Floors and walls and everything in the house must be thoroughly cleaned before they are replaced. When the work is completed the house is inspected by a Police Department official, and if the housewife's standard does not come up to his, she must do the work over again until it meets with his approval. Finally, she receives a certificate stating that the work has been done to the satisfaction of the department, and the house is labelled "cleaned." After all the houses in a certain street have thus been labelled, a notice is posted at the end of the street stating that the whole street is "cleaned."—*N. Y. Med. Jour.*

Syphilitic Nephritis

So many unquestioned cases of secondary syphilitic nephritis have been recorded that this renal manifestation of syphilitic infection cannot be denied, and it should be included among the numerous early visceral localizations of lues. It frequently occurs in the second month of the infection. Out of a total of twenty-three cases mentioned by Mauriac the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renal accidents appeared during the sixth month of the infection. Of seventeen cases Dieulafoy mentions two arising in the eighth month of syphilis, two in the sixth, two in the fourth, five in the third and five in the second month, and he is of the opinion that the renal process occurs more frequently during the second and third months following the chancre. It often appears at the same time as the roseola. Descout reports a case of abundant albuminuria appearing on the fifty-third day of syphilis.

When the nephritis occurs early and is intense there is usually a massive albuminuria without any other symptom, but edema and hydrothorax have been known to occur. However, there is an early type in which the albuminuria is slight (20 to 30 centigrams per liter). The urinary toxicity, urea and extractive matter are in normal proportion and the microscope will reveal a few casts. The albumin disappears under treatment. It is nevertheless true that these early intense syphilitic nephritides with massive albuminuria are by far the most frequent.

Usually the onset is insidious, there being only some slight malaise, a general tired feeling, or a slight rise in temperature. Sometimes it is more manifest, edema appearing first. Both Jaccoud and Dieulafoy have insisted on these cases in which edema becomes the main symptom. It may become generalized at once or remain localized to the eyelids, lower limbs or external genital organs. Lumbar and joint pain or headache may appear at the same time. Fever is often absent, but when it exists it may be accompanied by digestive disturbances with nausea or vomiting. The urine, at first voided in large amount, tends to become scanty, fifty c.c. or less being passed in twenty-four hours. It is cloudy, high colored and contains albumin varying from eight to fifty or more grams per liter. The urea is decreased, while the specific gravity averages from 1014 to 1020; the reaction is usually acid. Cytological examination reveals red blood-corpuscles, epithelial cells and numerous and varied types of casts. Renal permeability is not usually disturbed, but in a few cases a delay in the elimination of methylene blue has been noted. There is never any cardiac hypertrophy nor high blood-pressure.

In some cases death occurs in a few weeks, with progressive general edema, dyspnea and fluid in the serous cavities; other patients recover in a relatively short time. Syphilitic nephritis is especially serious from the rather frequent complications to which it gives rise, such as hyperacute uremic intoxication or

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progressive uremic accidents with edema of the glottis and lungs, asphyxia and asystolia. According to Fornier, early syphilitic nephritis is fatal in one case out of three and when it retrogresses it is only for a short time. Usually the albuminuria persists and ends in amyloid degeneration of the kidneys after a lapse of several years. Rosenstein reports 32 cases out of a total of 120 in which it was due to syphilis, while out of a total of 265 cases of amyloid change in the kidney Wagner attributes the lesion to syphilis in 36. The process may remain latent and even be susceptible to cure. Therefore the prognosis of syphilitic nephritis must be very guarded.—*Medical Record.*

Sciatica

Those who work on Pension Boards know how difficult it is to find out whether a patient is really suffering from sciatica. A routine use of the ordinary tests, such as extension of the leg on the flexed thigh, Neri's sign, of flexion of the knee on the affected side when the patient attempts to stoop, and the Achilles jerk, lead one to believe that either these signs are untrustworthy or that sciatica is rarely found in those who complain of it. Roussy and Cornil in *La Médécine,* February, 1920, describe three new tests:—(1) The patient standing in the upright position, with his hands on his hips, is told to flex his trunk laterally without bending the lower limbs. Limitation in lateral flexion will be observed either on the side of the pain or more rarely on the opposite side. (2) The patient lies flat on his back, the foot is suddenly dorsiflexed; in genuine cases the patient immediately flexes the knee and thigh, so as to relax the elongated nerve. He refers the pain either to the calf or along the course of the sciatic. (This test is not new to these islands.) (3) Internal torsion of the foot. This movement causes pain in the outer aspect of the leg, especially at the neck of the fibula, which the patient relieves by flexing the lower limb. Other writers have stated that hyperalgesia of the testicle on the affected side and sacrococcygeal tenderness elicited by rectal examination are valuable signs. A diminution of electrical resistance in the affected limb is also said to occur.—*Medical Press.*

"Miranda," said Mrs. Newly-wed, "that hash that you served to-day was very nice. How did you make it?" "Make it, chile? Hash isn't made, honey, it accumulates."

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Miscellaneous

The Art of the Therapeutist

It is pleasant to think of therapeutics as an art rather than as a cold science. The thought suggests the mature artist who, through the medium of a few well-chosen tints, is capable of giving expression to his fancy or his emotions.

To the ingenuity of the artist may be likened that of the therapeutist who selects his agents with consummate skill. He applies them deftly, here and there, as the artist touches the canvas with his pencil, with results that are definite because he has in mind a definite plan of procedure. Even the selection of a simple laxative—Pill Alophen, for example—is not a haphazard act, but entails the exercise of judgment and skill based upon experience and a comprehensive knowledge of physiology and therapeutics.

The physician skilled in his art clearly sees certain indications for Pill Alophen—the necessity of relieving an overdistended colon with the least possible disturbance of a delicate organism, perhaps. He mentally reviews the list of available laxatives, to most of which there is some contra-indication—they do not exactly suit the conditions; they do not blend into the therapeutic scheme, so to speak. But Pill Alophen presents no such objection. Its action is mild, gentle, yet thoroughly efficient. Its administration offers no difficulty—it is beautifully coated with sweetened chocolate. But one pellet is sufficient in most cases, preferably taken at bedtime, and the result is all that one could wish—an easy, complete evacuation in the most natural way imaginable.

Pill Alophen is the product of a modern scientific laboratory. It is an agent worthy of the esteem of the therapeutist who is particular in the choice of his remedies. It is an efficient though mild laxative and of peculiar value in colonic stasis.

A Vicksburg Battle Bullet

We are told by the Toronto *Globe* that W. V. Meadows, aged 78, of Lanett, Ala., a veteran of the U.S. Civil War, was shot in the eye at the battle of Vicksburg, July 1, 1863. This veteran surprised his friends, March 22, when he coughed out the bullet and was in good health and spirits thereafter. He had carried this slug, weighing nearly one ounce, in his head for 58 years. This is placed in the joke column of *J.A.M.A.*

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English Birth and Death Rates

The Registrar-General's provisional returns for 1920 show that births in a thousand of population in England and Wales were 25.44, and in London 26.3. Deaths were 12.4 in a thousand in England and Wales and the same in London. Infant mortality in a thousand was 80 in England and Wales and 75 in London. The birth rate for 1920 is the highest of the decade, and the number of births the highest ever recorded. The death rate is the lowest ever recorded, and the number of deaths the lowest recorded since 1862, when the population was only 20,000,000. The infant mortality rate (under one year) is the lowest ever recorded.

The Extraction of Tannin in Tea

In a recent number of *The Medical Press and Circular*, Dr. Gwillim Davies casts doubt upon the supposed evil effects of tannin in the tea we drink. Do we, he pertinently asks, when we drink tea, really get the twelve per cent. of tannin which an average sample of black tea is reputed to contain? No doubt he is right in concluding that we do not. He argues that less than one-half of the contained tannin is extracted in the teapot, that the infused tannin is possibly hydrolysed into sugar by the enzymes which the tea contains, and that in any case "as soon as the tea reaches the stomach the acid of the stomach will split up the glucoside tannin." These points are well worthy of investigation. It is certain that some people can imbibe with impunity enormous quantities of strong tea which has been infused much longer than the prescribed three to five minutes.—*Med. Press.*

Deaths of Physicians in 1920

We note from the Journal of the American Medical Association that during the year 1920 there were recorded in its pages the deaths of 2,321 physicians in the United States and Canada. Including possible omissions, etc., and with an estimated 160,000 physicians in the States and Canada, the death rate would be 14.81 per 1,000. The greatest number of deaths occurred at 63 and 64 years, there being 65 deaths reported at each age.—*Virginia Med. Journal.*

Epidemic Encephalitis

Gaines reports six cases of this disease which has been prevalent in Georgia since 1918. He also reviews its clinical history and course. He cautions the general practitioner to suspect epidemic encephalitis where there is a headache, ocular palsies and diplopia, with slight fever and insomnia followed by lethargy. He agrees with other observers that in many atypical cases the diagnosis is difficult and may be only a surmise.—*I. A. M. A.*

Dr. Henry van Dyke wrote a timely and forcible note not long ago in *Scribner's Magazine* on Spiritualism:

"The beloved ones, the friends who have moved before me into the unknown world, I believe are still living. I have no need for Sir Oliver Lodge, nor of the excessively Belgian Shakespeare, Maeterlinck, to assure me of their existence. I rely upon a better Teacher.

"Nor do I think that my invisible friends would choose to speak to me through persons—mediums—with whom they would have no sympathy nor intercourse in mortal life. Nor would they use a patented Ouija board for their communications. They would speak to me directly."—*Scribner.*

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Marriage of Cousins

A correspondent writes to ask if medical opinion is favorable to the marriage of cousins.

The answer would appear to be—Yes, if the cousins are healthy and come of a healthy stock. Otherwise—No.—*Med. Press.*

Poisoned by Spinach

In Grand Rapids, Mich., twenty-two persons were made ill from poison traced to canned spinach. Three have died and the fourth victim was reported to be dying on January 27th.

Change and Exchange

The depreciation of our currency to-day is nothing to be thought of in comparison with the slump in Confederate paper money after the Civil War. General Mulholland relates that shortly after Lee's surrender he heard two Confederate soldiers bargaining over a very ordinary looking horse. "He'll do for my farm, John," said one. "I'll give you $20,000 for him."

"No," said the other.

"Give you $50,000."

"No."

"Give you $100,000."

"Not much," replied the owner. "I just paid $120,000 to have him shod."—*Pittsburg Chronicle-Telegraph.*

Nervous Gentleman—"Now be careful, cabby, how you drive, and go slowly over the stones, for I hate to be shaken. And, mind you, pull up at the right house, and look out for those dreadful motor busses and electric cars."

Cabby—"Never fear, sir. I'll do my best. And which 'orspital would you like to be taken to, sir, in case of accident?"

A good Scotch woman was so religious that she wouldn't give the children castor oil on Saturday night for fear it would work on Sunday.

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Organized in 1901, at the Winnipeg meeting of the Canadian Medical Association. Incorporated by Act of Dominion Parliament, February, 1913.

OBJECTS—Defends its members against cases of alleged malpractice. Annual fee three dollars, half rates from July 1st. Qualifications for membership: All members of the Canadian Medical Association in good standing, may be enrolled upon the payment of the annual fee. All other regularly qualified practitioners may join by having their application approved by any two members of the Canadian Medical Protective Association.

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"Excuse me, sir, you have made a mistake," said the taxicab driver to Jones. "This isn't a one-dollar bill you've given me, it's a five."

Jones fainted.

Deeply moved, the taxicab driver knelt by the prostrate body. He was replacing the five-dollar bill in Jones' pocket when a policeman stepped up and arrested him for assault and attempted robbery.

Moral: Don't waste any sympathy on the taxicab driver. This didn't happen.—*Judge.*

Irreparable Loss

"Anybody hurt in the wreck?"

"One gentleman, I believe."

"Bones broken?"

"I think it was his heart. He sat down by a leaking suit-case and shed tears."—*Birmingham Age-Herald.*

Truly a Villain

A henpecked little man was about to take an examination for life insurance.

"You don't dissipate, do you?" asked the physician. "Not a fast liver, are you?"

The man hesitated a moment, looked a bit frightened, then replied in a small piping voice, "I sometimes chew a little gum."—*Argonaut.*

Finish each day and be done with it. You have done what you could. Some blunders and absurdities no doubt crept in; forget them as soon as you can. To-morrow is a new day, begin it well and serenely, and with too high a spirit to be cumbered with your old nonsense. This day is all that is good and fair. It is too dear, with its hopes and invitations, to waste a moment on the yesterdays.—*Emerson.*

A laundry company's announcement on the advertisement screen of a provincial music-hall:—"Why kill the wife? Let us do your dirty work."—*Punch.*

The Canadian Practitioner and Review

Vol. XLVI. TORONTO, JUNE, 1921 No. 6

Original Communications

THE ACUTE ABDOMEN*

By Jasper Halpenny, M.A., M.D., C.M.,

Professor of Surgery and Clinical Surgery and Director of the Department of Surgery of the Medical Faculty, University of Manitoba. Surgeon to the Winnipeg General Hospital.

The subject of the Acute Abdomen was chosen because of the frequency with which it comes in the experience of all practitioners, especially in hospitals, and because of the urgency of the cases when met with. The more chronic type of case allows more time for study and investigation, and for consultation. Several days can be taken up with X-ray and other laboratory examinations and all with benefit to the patient. The Acute Abdomen calls for quick decision and equally quick action if the patient is to have the best chance in his fight for life.

For purposes of discussion we might divide the cases into two classes, the one found in children and the other found in adults. The problems are somewhat different in some respects. While all cases of acute peritoneal infection are in urgent need of attention those in children are even more so than those in adults. Children withstand peritoneal infection very badly, much more so than do adults.

Again, the causes in children are not so numerous, and some of the causes are quite rare in the adult. Intussusception is largely a child's disease, as is the acute abdomen occasionally found in infectious diseases, and the pneumococcic abdomen. Acute appendicitis is found at all ages, but in young children limiting adhesions are not at all readily formed, and therefore urgency for haste in deciding to operate is the greater.

* Read at the Annual Meeting of the Alberta Medical Association, at Edmonton, September, 1920.

In the adult the chief causes of acute trouble in the abdomen are:—

Appendicitis.
Acute Cholecystitis.
Perforated Ulcer—duodenal.
gastric.
typhoid.

Traumatism.
Perforating wound.
No wound, but with rupture of organ.

Intestinal obstruction.
a. Due to bands.
b. During convalescence from operation.
c. Due to hernia.
Internal.
External.
Pancreatitis.
Ectopic rupture.
Tubal infection.
Ruptured uterus.

Before mentioning the salient features of these different conditions it might be well to make some observations on diagnosis in general. These might be given in outline.

Previous health—If the patient is too ill to tell of this it should, if possible, be got from relatives.

(*a*) Careful inquiry regarding digestion.
(*b*) Previous attacks, probably milder.
(*c*) History of menstruation and pregnancy in the female.

Present illness—

(*a*) Onset—sudden or otherwise.
(*b*) Pain.
(*c*) Vomiting.
(*d*) Progress of case.

Examination—

(*a*) Inspection.
1. General and facial appearance of patient.
2. Retraction or distention of abdomen.
3. Abdominal respiratory movements.
4. Peristaltic movements.
(*a*) Stomach.
(*b*) Small intestines.
(*c*) Large intestines.

(*b*) Palpation.
This will elicit any rigidity, tenderness or mass.

(*c*) Percussion.

This will usually discover any solid tumor or free fluid that may be present. In the acute abdomen the solid tumor most frequently found will be an appendiceal abscess, a small sausage shaped intussusception or a cholecystitis.

(*d*) A blood count is an aid to distinguish between an inflammatory and a non-inflammatory condition. This laboratory method cannot be used away from cities and hospitals, and absence of facilities for doing it should not spell "waiting."

Where equipment is not available for doing blood examinations there is all the greater need for careful history taking and careful physical examination.

(*e*) Auscultation will be of service if it has been practised a good deal, but its occasional service will be of little avail. Certain valuable information is gained at times, such as complete absence of intestinal sounds occasionally found in paralytic ileus.

Discussion of Diseases.

In the child, as was noted above, the number of causes of acute abdominal trouble is not as great as in the adult. The three most frequently met with are undoubtedly appendicitis, intussusception and real or simulated pneumococcic peritoneal infection.

In the acute case of appendicitis in the young child the disease sometimes does not run as typical a course in the adult. The early pain is usually present, but it is difficult to get as clear-cut a history of it as in the adult. In the matter of temperature, curiously the rapid and high rise so frequent in such a simple thing as indiscretion in diet, with a little vomiting and diarrhœa, does not often occur in appendicitis. It is probably safe to say that temperature is not so good a guide in a child in appendicitis as it is in the adult. Experience would lead one to think that the same can be said regarding vomiting.

It is believed by the writer than the statement made above regarding the delay in forming adhesions in the child is correct. If this is so it will mean that a mass is not so frequently formed and that, therefore, infection is not so well walled off. Added to this the lesser ability to fight infection on the part of the child calls greater need for quick action if the appendix is about to rupture. It would seem, then, that there is more responsi-

bility on the attending physician or surgeon in the matter of deciding just what that appendix is like in a child than in an adult.

Intussusception is more rare than is appendicitis. When it comes it is more serious because practically no cases get well without irrigation or laparotomy. The symptoms are usually clear cut if carefully noted. To quote Clubbe, whose little book is a classic on this disease:

"The history is nearly always something to this effect. The baby was quite well, when suddenly (often just after taking the breast or after passing a motion) it screamed or cried out, turned pale, and soon vomited. We are often told that the screaming only continued for a short time, that the pallor soon disappeared, but that the child seemed to be uneasy and got frequent attacks of pain. We find on inquiry that it passed a natural motion soon after the first screaming fit. When the child is first seen by the doctor, it has almost certainly been passing blood by the bowels. And it is this that has frightened the mother. In intussusceptions we almost invariably get a history of blood having been passed at a variable period (from two to ten hours) after the onset of symptoms.

"The mother thinks nothing of the sudden screaming of the child, or of its turning pale; perhaps she has forgotten all about it, until you remind her by your questions. Babies often scream and get pale and vomit, and the mother thinks nothing of it. But directly she sees blood in the motion she knows something is wrong, and hurries off to a doctor as soon as possible. When you are told by a mother that her child has been passing blood, you should always ask certain questions before you send it away. If you are told that the child was quite well until a few hours ago, when it screamed, turned pale, and vomited, that it has been fretful and has vomited a few times since, and that it has just passed some blood, you can be morally certain that you have a case of intussusception to deal with; and instead of sending the child away after ordering it some castor oil, you must proceed to verify your diagnosis, by careful examination. An extraordinarily large number of cases with this perfectly clear, straightforward, definite history are missed, and so only come into hospital when the chances of their recovery are of the slenderest. This is the sort of history our house surgeons so often obtain from the mother: 'Baby was quite well till three days ago, when he was taken bad quite suddenly in the morning. He screamed and sicked up his bottle, was very fretty all day, kept crying and drawing up his leg; in the after-

noon what came from him was pure blood. I was frightened and took him straight to the doctor. He looked at him and said, "Give him a dose of castor oil." I did, but he threw it up. Took him to the doctor next day, 'cause he seemed no better, and kept passing blood and straining. He looked at him and gave me a bottle of medicine. To-day, when I went, he could see the child was very much worse. He felt his stomach, and sent me straight here with a note.' "

In the case of a child with a deep-seated pneumonia, and during the early stages, the abdomen is occasionally found rather like that of a peritonitis. The differential diagnosis is often most difficult to make. The physical findings of pneumonia may be absent for quite some hours after the child is taken ill and after the abdominal symptoms appear. Nevertheless cases are seen fairly often when the abdominal symptoms are the outstanding early symptoms, but the disease eventually proves to be confined to the chest. Early operation in such a case would probably be disastrous. But the most serious side of the problem is that pneumococcic infection does occur along with that of the lung, and then early operation would be indicated. The diagnosis in such a case is most difficult. The writer recalls one case in which this occurred. We made the tentative diagnosis of pneumonia on the start, and rather plumed ourselves when consolidation appeared in less than twenty-four hours, only to be disappointed at not getting a rapid subsidence of the abdominal symptoms. A belated laparotomy after another twenty-four hours revealed to our sorrow that the child had pneumococci in both the pleural and peritoneal cavities and was unable to take care of this double infection.

As was intimated above, the range of diseases in the adult is very much greater than in the child. It is well to remember that the commonest cause of acute abdominal trouble in the adult as in the child is appendicitis. The outstanding symptoms need only be mentioned, namely, abdominal pain, vomiting, rise in temperature and increased pulse rate. In the case taking and examination of the patient the abdominal pain and tenderness on pressure are probably of the greatest importance. Nevertheless, too great emphasis should not be laid on this feature, because occasionally a case with free pus in the abdominal cavity has very little pain, very little tenderness, almost no rigidity, and yet is in a very serious condition. The white blood count should always be taken, but like all other laboratory

methods, should be read in conjunction with the symptoms and physical findings.

Next in order of frequence is probably acute suppurative cholecystitis. This may develop with or without gall-stones, and it may occur without preceding symptoms on which a definite diagnosis could have been made previously. Yet the majority of the cases, when carefully examined as to previous history, undoubtedly had attacks of trouble in the gall bladder before. The severity of the symptoms varies a good deal, and a fair proportion of the cases become rather serious in the course of forty-eight hours. When the gall bladder has enlarged and formed adhesions to the extent of making a definite tumor the condition is fairly easily diagnosed. Those cases where the adhesions do not reach the lower border of the ribs are not quite so definite unless a preceding history of trouble can be got.

Next in order of frequency is probably perforated ulcer, gastric, duodenal or typhoid. The very alarming symptoms coming on with a perforated ulcer usually make a very serious case in a very short time. The onset is something like a thunder shower out of a clear sky. The patient is in intense pain and a good deal of shock in a few minutes. This pain is located in the upper abdomen, and it is only after some time that the inflammation has extended over the lower abdomen to give pain in this region. The outstanding feature of these cases of perforation is the acute onset with pain and shock. There may or may not be vomiting. The diagnosis depends largely on the previous history of the case, and the patient is sometimes too ill to give any kind of a connected story. At times one has to depend entirely on information got from a friend who has known the patient for some years. A husband or wife can usually give a history which will be of great value. When these perforations occur while the patient is at work or away from home one has to depend chiefly on present symptoms and physical findings for a tentative diagnosis. Nevertheless, it is desirable to make as accurate a diagnosis as possible, because the symptoms may simulate a perforated appendix. If there is any doubt about the diagnosis, the question of where to make the incision is hard to decide.

In this country typhoid is not nearly so common as in the early days, yet perforations still occur occasionally. It must be remembered that perforations occur in cases that are not always the most serious. There is one advantage in typhoid perforations over other perforations. These cases are always under observation at the time of the perforation, and are re-

ceiving at least a certain amount of nursing attention, except the occasional case of walking typhoid. Since the patient is under observation the accurate noting of symptoms by the attendant is of the very greatest importance. This is the more necessary because of the patient's illness, and perhaps lethargic condition. After the perforation has occurred the incident may pass entirely out of the mind of the patient. The perforation is usually accompanied immediately by sharp stabbing pain and the patient either cries out or makes more or less loud complaint. After even a few hours the patient may have settled down to almost the same mental state as preceded the perforation. Therefore, the accurate noting of the onset of the pain is of the very greatest importance.

In the case of traumatism the cases may well be divided into those with an open wound and those without. It is probably safe to accept as a rule that all open wounds which penetrate the abdominal wall should be explored immediately after the accident has occurred, even though no wound of a solid organ or a viscus is found. The operation, in such a case, consists of nothing more than enlarging the opening and repairing it again. When an intra-abdominal organ is injured this is much better repaired at once, and this is unconditionally true if the gastro-intestinal tract or the bladder is open. In the case of traumatism without an open wound the problem is one of whether some intra-abdominal organ has ruptured or not. Probably the commonest injury in these cases is rupture of the liver, the spleen, the bladder, or the kidney; and here, for practical purposes, we may consider the kidney along with the abdominal organs.

It is safe to say that a very small percentage of the cases noted will recover without surgical interference, and the sooner operative procedures are undertaken after the accident the better the prognosis. The occasional case of rupture of the uterus should also be mentioned. A colleague of mine, Dr. D. S. McKay, recently had a case of this kind, which was fortunately repaired early and made a good recovery.

Another fairly large group of cases coming under our heading is that of intestinal obstructions. Of these the commonest one is that which occurs in hernia, either external or internal. Occasionally cases occur where a loop of bowel is caught over a band or becomes adherent. This may arise following an operation during convalescence or at a later date, and occasionally the variety due to bands is seen where there are congenital

abnormalities of some kind. In the case of hernia the commonest is inguinal. In this class of case it should be frankly stated that there is sometimes real difficulty in deciding whether the hernia is strangulated or not, and that it is or is not the cause of the patient's trouble. One occasionally sees a case where there is a fairly hard mass at the inguinal or femoral ring the size of a plum. The patient declares absolutely that the mass is the same size it has been for years and is so positive about this that it may mislead one.

It is of considerable importance, however, to settle whether hernia is the cause of the obstruction or not. If it is, the incision could be made over the site of the hernia. If it is not, a medium incision should be made in order to have access to the whole abdominal cavity.

Internal hernia is quite rare and the diagnosis is very difficult to make. There is usually complete obstruction, but not always, and this is about as far as one can go in making a diagnosis. The three commonest sites probably are into the retro-cæcal pouch, into the retro-duodenal pouch, and into the lesser sac of the peritoneum through a tear in the transverse mesocolon.

In the upper abdomen a rather rare but nevertheless most serious condition is that of acute pancreatitis. Owing to the depth of the organ and the important structures about it the symptoms are not at all distinguishing. The outstanding feature probably is the marked shock and collapse of the patient without the other evidences of a perforation. Of all acute upper abdominal diseases this is at once almost the most serious and difficult to diagnose. From perforation of duodenal and gastric ulcer it may be distinguished by the former history and at some hours later there will be absence of the lower abdominal inflammation seen in the perforation cases. If a conclusion can be reached sooner, it is not desirable to wait for this distinguishing point. From a gall-bladder it is distinguished chiefly by former history.

A still rarer and if anything more hopeless type of case is where a thrombosis occurs in a mesenteric artery. At the site of the bowel where the blood supply is cut off gangrene will, of course, occur. Complete physiological obstruction supervenes at once and all the symptoms are those of obstruction. The acuteness of the symptoms will depend on the height at which the thrombosis occurs. It is well known that a high intestinal obstruction is much more rapidly fatal than a low one.

Rupture of ectopic gestation should also be included, and here the symptoms become very urgent in a short time. The diagnosis depends largely on the accuracy of the history, with due consideration for the occasional bleeding which has been taken by the patient for the normal function. The onset usually is with marked pain variously described as stabbing or cutting and more or less collapse. If the bleeding is into the free abdominal cavity the first shock after quickly passes into one of permanent calor, with air hunger and restlessness due to the loss of blood. When this occurs there is a quite remarkable soreness to touch over the whole abdomen. This soreness is sometimes more marked than when there is free pus. This is not always the case, but is occasionally so. The reason why the tenderness should occasionally be so great is not at all clear.

One other pelvic condition which should be included is that of tubal infection where the fimbriated extremity has failed to close and thus confine the infection. Frequently a case comes into the hospital with pus leaking from both tubes wihout any material thickening of the tubes themselves. The symptoms in these cases are somewhat like those of free suppurative peritonitis due to a ruptured appendix. There is, however, some difference in the onset, there being no vomiting usually in the tubal case until the pus has set up some peritonitis, and when the peritoneal inflammation is present it is bilateral in the tubal cases either from the first or at least at an earlier time than in the appendiceal case. This patient will be saved a long illness and probably life-long chronic invalidism by having the tubes removed at once.

It is agreed that in the cases of pelvic infection, where the pus is confined to the tubes or is walled off by adhesions, operation is much better postponed.

In the matter of treatment of the cases referred to above early surgical interference is indicated as a rule. The selection of anæsthetic is of importance, and where gas is available it is to be preferred. The incision is made according to the tentative diagnosis, and the operation should be done as rapidly as is consistent with completeness.

In the case of intussusception, unless irrigation reduces the bowel readily, operation should be undertaken at once. The prognosis depends largely on the time elapsing between the onset of the disease and the time of the operation. In early cases the intussusception can usually be replaced quite readily, for the congestion will not be marked, and adhesions between the layers of bowel may not have occurred. In late cases it may be necessary to do a resection, or possibly even simply make a

fæcal fistula and await results. To prevent recurrence the ileum may be stitched to the inner side of the caecum by a few interrupted stitches, as suggested by Cubbins.

To run rapidly over the surgical procedures in the cases referred to in the adult it might be said that in all cases where there is a rupture of a viscus repair should be done as rapidly and effectively as possible in the perforated duodenal or gastric ulcer or in the urinary bladder and in typhoid perforation.

The ruptured gall-bladder, appendix or uterus should be removed. To simply open the abdomen and drain it in these cases is utterly inadequate. Drainage following closure of the defect is usually indicated. The drainage tube should not come in contact with the suture line in the viscus.

In the wounds of the gastro-intestinal tract, either incised or of the bursting variety careful closure is also indicated. A tag of omentum sewn over the suture line is of considerable value.

In all classes of intestinal obstruction immediate operation is indicated, and the judgment of the operator is frequently taxed severely. Will the dark colored bowel "come to life" again? If the shiny peritoneal coat is still present it will probably do so. Apply a warm wipe and wait a short time. Even make a nick in the bowel to see if it will bleed. The need for early operation is so great that Adams and Cassidy express the opinion that "the diagnostic investigations of urine and fæces required to confirm a clinical suspicion, in their present form, take so much longer than the surgical method of opening the abdomen to see, it is usually in the interests of the patient to fall into the hands of the surgeon rather than those of the clinical pathologist."

Whether or not operation should be done as soon as a case of ruptured extra-uterine pregnancy is discovered is a debatable question. Hunter Robb seemed to have good proof for his opinion when he argued in favor of waiting in selected cases. When the operation is done it is well to close the abdomen without drainage.

Following operation in all the cases referred to, the administration of a watery solution of soda bicarbonate and glucose 5 per cent. each, constantly by the bowel is of very great value. These patients are all depleted of body fluids. Following operation the stomach will scarcely tolerate enough fluid to satisfy the needs of the system. The soda bicarbonate will prevent acidity of the blood and the glucose is a valuable addition.

TONSILS

Supposed Meeting of International Medical Association Period—Ten Years Ago

By Price-Brown, M.D.

A Blind Man's Soliloquy.

Mr. McClure was so deeply interested in his friend Dr. Hartman's paper upon Fractures, and the animated discussion which followed, that he very gladly accepted his cordial invitation to sit with him in the gallery while the important subject of the treatment of Tonsils was discussed.

"The fact is," said the doctor, "that the laity are talking about tonsils almost as much as the doctors."

"I have noticed that, too," said McClure. "I overhear my own men talk about it. Common questions are: 'Has Ted had his tonsils out yet? Do you think it necessary to have 'em out? I don't. How's the kid doing?' Some people believe in their removal and some do not and, having my time unoccupied, I would certainly like to hear what the doctors have to say upon so important a subject."

"The removal of the tonsils and adenoids is pretty generally handed over now to the throat specialist," said Hartman,* "but it was considered by the committee better to make it one for general discussion. The opinions among leading men are so widely different, that I know you will be interested. In fact, I personally think the subject so important that the lay mind should have some say in the matter as well as the medical."

"You do not consider them of equal value, do you?"

"Not by any means, but when the opinion of scientific men is so divided, I believe the layman who has to suffer the pain and bear the cost should have the benefit of the doubt."

"You are right there every time," was McClure's† emphatic assent. Then with a laugh he continued, "I shall be better able to advise my men than I ever was before."

The big hall of the academy was almost as full of men as on the occasion of the president's opening address. The meeting had not yet begun, so the doctors were gaily chatting and

* The hero of my old novel: "How Hartman Won."
† The hero of my new novel: "Helen Clayton."

chaffing each other. The topic of interest was, of course, the one thing they were discussing, and the little groups were good-naturedly pulling each other's arguments to pieces.

Very soon the president, Dr. Playfair, took the chair, and sounding his baton, called them to order.

"Gentlemen," he commenced, "we are about to deal with an important and widely interesting subject on which there is much diversity of opinion, and, to my mind, very rightly so. Of the many theories, I will just outline the three most important ones. The first is the theory of the physician that the diseased or enlarged tonsil should, in a large majority of cases, be treated medically. The second or minor surgical method is the one whose advocates recommend partial removal or tonsillotomy, and the third is the larger surgical operation of complete removal, otherwise known as tonsillectomy.

"After the three papers have been read, each to last twenty minutes, there will be an open meeting for discussion, each speaker to confine his remarks to five minutes. I have much pleasure in introducing Dr. Sequence. He will speak on the medical side of the question."

Dr. Sequence, after dilating scientifically upon the long progressive history of the human race and the steady development of the species from the ape period of prehistoric ages, said he would leave the anatomy of adenoids and tonsils to the surgical gentleman who would follow. The tonsils, speaking in a generic sense, including all similar gland tissue, whether found in the pharynx, intestinal canal, or elsewhere, were not placed in the human body without a cause. They must have some function to perform whether we understand it or not.

"I want you gentlemen to remember," he continued, "that physiological science of the many organs of the human body is really only in its infancy. The progress that has been made during recent years is so great that we are appalled when we think of it, and we realize that if so little was accomplished during all the ages of the past, even now we are standing only on the very threshold of knowledge.

"Should we jump at the conclusion that, whenever the tonsils become enlarged or give trouble, they should be removed, principally because we have well-qualified surgeons who are able and willing to perform the operation? Every normal child born since Eve brought forth Cain, down to the present moment, has possessed a pair of tonsils. They may be so small that,

on casual examination they may not be observed. But the nucleus is there, and as the child grows they develop to a more or less extent. Their natural history of development is known to all medical men. When perfectly normal, they produce no symptoms, but gradually present themselves as little, smooth, oval enlargements between the pillars of the throat on both sides. This occurs during the early years of life. Then toward adolescence they cease to grow, and may commence to shrink away, their duty in the development of life having been completed.

"Now what is this duty in life? The correct answer to that question is that we do not know. This problem in physiology has received much investigation and many answers have been given. As no positive conclusion has so far been arrived at, I will just briefly refer to two or three of them. One is, that their function is of vital importance, that of changing the white blood corpuscles into red. This would seem to be borne out by the fact that it is during the rapidly growing period of life, when the demand for a rich and abundant supply of blood is at the highest, that the normal activity of the tonsil is most pronounced, and its blood-developing power in the greatest demand.

"Presuming, of course, that such power does really exist, another idea that has been advanced is that being in the direct line of the alimentary canal, and having their highest development during the period of most rapid growth, when children will eat almost anything upon which they can lay their hands, it has such a marvellous influence over the secretory fluids of the alimentary canal that they enable the enterprising youth when necessary to digest almost anything.

"A third view, perhaps one a little more pronounced than the last, is that the normal tonsil is a direct protector against microbic invasion of any kind. That the little albuminate cells which they eliminate, act as phagocytes, and on the invasion of the innumerable cocci of the various diseases to which flesh is heir, they show battle and destroy them on the very threshold, and prevent an entrance from ever occurring. The upholders of this view even go so far as to say, and on the face of it there is much plausibility, that even when tonsils become enlarged and diseased, it is merely because they have overdone their duty and worked beyond reasonable bounds.

"In the midst of such divergence of views, and many others which might be touched upon, can any reasonable man or

scientific physician claim that the function of the tonsil is thoroughly understood, its uses nil, and its presence in the fauces always a menace to the health of the individual?

"As a physician of some experience and much practical knowledge, I claim that the tonsil holds a place of high value in the human economy, that we should guard its rights and that we should not allow it to be ruthlessly trampled upon and handed over to be recklessly removed by any surgeon who is skilful enough to excise it neatly with his knife.

"I do not wish it for one moment to be understood that I am opposed to all operations upon the tonsil. But that a large number of tonsil operations are unnecessary, and that if the physician took as much medical care of the throat of his patient as he does of the rest of his body, many operations of tonsillotomy and tonsillectomy that are now performed would not be needed.

"To keep the *prima via* sufficiently open, to see that the liver and kidneys perform their functions properly and regularly, to avoid all engorgement of the stomach and to cleanse the throat when needed, with antiseptic solutions, should be all that is required."

Dr. Grade, the next speaker, who opened the discussion on the surgical side of the question, said that he was very much pleased with the excellent manner in which Dr. Sequence had opened up the subject. He entirely agreed with him in much that he had said, and was particularly interested in his views upon the physiology of the tonsil. He believed emphatically that the tonsil had a function to perform, no matter how obscure it might be, or nature would not have placed it there. And also, when an enlargement occurred, it often arose from unbalancing of function and overdue effort of the tonsil to do its duty. And usually it was only when the growth became of considerable size that it became the victim of serious pathogenic disease.

He did not agree with Dr. Sequence, however, that systemic and simple throat treatment was sufficient in these cases of simple enlargement by any means. When taken early, these were simply cases of semi-globular enlargement of healthy tissue, and that clean, flat excision of the greater part of the growth, leaving a small portion of the base *in situ*, to continue to perform its function, was the best surgical treatment that could be adopted. There had been many instruments devised by which this can be accomplished. When the cut is made well

within the pillars of the tonsil, and the surface of the excision is perfectly even, the wound heals quickly, leaving little or no cicatrix. The little patient recovers rapidly from the effects of the operation and is soon as well as ever.

"I do not, by any means," he continued, "wish to say that complete removal is not sometimes necessary. I know very well from my own personal experience, that when the tonsil becomes seriously diseased, enucleation is required to produce the best results. But what I do unhesitatingly maintain is this, that it is not the only or best method in all cases of tonsillar hypertrophy.

"In conclusion, sir, I wish to state, that while the gentleman who follows me may argue that, as complete removal of the tonsil, when properly accomplished, is never followed by injurious effects upon the patient, therefore the tonsil has no function to perform, is a wrong conclusion to arrive at. When the tonsils are removed, there are other gland tissues of the body of a similar nature which are thereby stimulated vicariously to do their duty. We have many examples of this in the human body. Let an eye or a kidney be removed on account of disease and the remaining organ will continue to discharge the function almost, if not quite as efficiently, as when its mate was still there in sound condition.

"My whole argument amounts to this: the tonsil has some duty to perform, the nature of which is still uncertain, consequently, except under extreme conditions, it should not be entirely removed; that an operation is frequently necessary, but that it should be done as soon as the tonsil becomes unusually prominent, and before serious symptoms arise; and that in these cases, the operation should be the simpler one of deep tonsillotomy within the pillars, the more radical operation of tonsillectomy being reserved for cases in which the tonsils were seriously diseased."

Dr. Utter was the last of the three appointed as speakers. He was a man cast in a different mould from either of the previous speakers. He was of the opinion that surgery had been brought down to the point of an exact science. What was worth doing at all was worth doing completely and well. The surgeon's knife knew no limitations. It could split a hair if necessary to save the patient's life.

Scientific, microscopic, and pathological examination of the throat had proved beyond any reasonable doubt that all tonsils and adenoids were just masses of primitive tissue still present

in the fauces of the human race, inherited through long ages from their forbears. We cannot tell how many millions of years have elapsed since our great ancestor, the ape, was first endowed with tonsils, but our fertile imaginations can easily grasp how it occurred. At that time the monkeys possessed no speech whatever, but they learned to whistle.

"I have no doubt whatever," said he, "that in the great forests in which these animals lived, they were often great distances apart, and wishing to communicate with each other through the density of the leafy boughs, it was only by mighty effort that they could make each other heard. And I would seriously ask you, gentlemen, of the medical profession, if it is any wonder that the throats of innumerable anthropoid animals from which we are so directly descended, should have voluminous throats, that the muscles should grow large and to increase the volume of their whistles and yells, the tonsils should grow mightily in volume?

"Of course it may be remarked that such an hypothesis as I have offered is absurd; that the lapse of ages since the neolithic age puts the transmission of such an influence out of the question. Are we so sure of that? Descended as we are from baboon and similar bipeds, yet through all the ages that the actual present race of men have lived upon the earth, there has been no change in type. If Cæsar and Moses and Methuselah and Adam himself had bodies built like our own of to-day, why should the throats have changed, when the arms and legs and eyes and ears have not? Hence we hold that these are superfluous, and in our present state of civilization, are utterly useless tidbits of tissue, left to remind us of our origin, and the sooner that we eradicate them from our bodies, the better.

"When a surgeon removes an appendix, or a cancerous tumor, or a cyst, or an abnormal growth of any kind, he does not do it by halves. He does it completely or not at all. Why should not he do the same with the tonsils? We claim that all enlarged tonsils are diseased, and a menace to the health of the individual, and should be radically removed. Therefore, they should be taken completely out from between the pillars of the fauces. But this is not an operation that any tyro can accomplish. To do it effectually and without injury to the very important muscles which surround them, and so vitally control the movements of the throat, the exercise of highly trained surgical skill is demanded. And it should never be

attempted by anyone not possessed of the adequate knowledge and skill.

"In this discussion, Mr. Chairman, we should not forget that many of the diseases to which we are subject, are of bacteriological origin. Pathological examinations have proved incontestably that the bacteria and cocci, particularly of infectious diseases, enter the system through diseased crypts of the tonsil. This has been proved also in the case of rheumatism, the same bacteria being found in these cases within joints affected as in the tonsil. Hence enucleation would not only remove the diseased tissue, but would also destroy one of the main avenues of entry of the germ itself.

"For these reasons I am decidedly of the opinion that, if the tonsil requires operation, enucleation is the one to be preferred above all others."

Thus closed the addresses of the three principal speakers, after which there were many five-minute addresses. There was much badinage and small talk. Some rather startling opinions were advanced. There was occasional volubility and one or two oratorical efforts, but there was as much divergence of opinion manifested as there was by the readers of the papers. So the chairman, without calling for replies, announced that the subject was of so much importance that they would defer it for reconsideration at the next annual meeting.

106 South Drive, Toronto.

OUR LONDON LETTER

(*From our own Correspondent.*)

London, April 22, 1921.

Unit of Obstetrics and Gynæcology at the Royal Free Hospital, Grey's Inn Road, London.

The Unit, or Group System, as it is termed in the United States, received a great impetus during the war and has found favor, or is finding favor, with those responsible for the direction of the big hospitals and medical schools of Great Britain. The idea and aim of a "Unit" or team-work is that a director and assistants should have in their charge a certain number of beds, 60-100, with the view that they should devote their entire time to the care of these patients, to the teaching and training of students and to research work, the directors to be

chosen for their experience and recognized ability, their powers of imparting knowledge and their interest in and capacity for research; and the assistants for the capacity in these directions they have already displayed, and for the promise they have manifested for development. Five of the twelve great teaching hospitals of London, St. Bartholomew's, The London, University College Hospital, St. Thomas' and the Royal Free Hospital, have been recognized by the University Grants' Committee as eligible to conduct "units" and to which Directors of such "units" have been appointed by the Senate of the University of London. Units of Medicine and Surgery have been organized and established in the four first-named hospitals, while to the Royal Free Hospital has been accorded the honor of being the first hospital to be recognized for a Unit of Obstetrics and Gynæcology. This new departure as regards the institution of a unit of this character is a notable one for several reasons. In the first instance, hitherto, the work in connection with obstetrics and gynæcology has been under the care of various physicians, obstetricians and gynæcologists, namely, the antenatal work, the obstetric work in the hospital and in the district surrounding the hospital, the baby consultations and infant welfare department, the out-patients and wards for the diseases of women and the department for venereal disease. But the establishment of this unit is notable for another and more cogent reason. The Royal Free Hospital and Medical School is the institution in which women are trained in the theory and practice of medicine and surgery. Now obstetrics and gynæcology come peculiarly within the province of women practitioners and it is, therefore, eminently fitting that the unit for the teaching of these branches of medicine and surgery should be established in the only considerable Women's Hospital and Medical School in Great Britain. It may be interpolated here that both the teaching and practice of obstetrics and gynæcology in this country is at somewhat a low ebb. This point has been emphasized recently by several prominent specialists, and especially so by Sir George Newman, Chief Medical Adviser to the Ministry of Health, in his masterly memorandum entitled "Outlines of the Principles and Practice of Preventive Medicine." But, in order to make a "unit" successful, a capable director is a *sine qua non*. The director at the Royal Free Hospital is Dr. A. Louise McIlroy, who has had a distinguished career throughout, as well as a very varied experience in gynæcological and obstetrical work. The main

part of her time, since her student days at Glasgow, has been spent at the Glasgow Royal Infirmary, where, before the war, she was senior assistant to the Muirhead Professor of Obstetrics and Gynæcology and Senior Assistant Gynæcological Surgeon. Dr. McIlroy served almost throughout the war with the Scottish Women's Medical Unit and then as surgeon-in-charge of the Scottish Women's Hospital at Salonika and Belgrade. Later she acted as gynæcological specialist, R.A.M.C., at the eighty-second General Hospital at Constantinople. The work, then, that formerly was scattered through different departments and under the direction of several physicians and surgeons, is now co-ordinated in the Unit of Obstetrics and Gynæcology at the Royal Free Hospital under Dr. Louise McIlroy and her assistants, who will follow the cases from the time they have just come under observation, and, in this way, a more just conception of the history of disease will be obtained and the students will be enabled to witness the early stages of disease and its subsequent developments instead of coming across the case at different steps in different departments. The unit system is on trial, but, judging from the opinions expressed from those best qualified to speak with authority it should be successful. In connection with the Royal Free Hospital, it has been announced recently that the Queen will visit the Royal Free Hospital on May 11th, to inaugurate the Unit of Obstetrics and Gynæcology.

A New Disease.—A disease presenting some unusual symptoms has appeared in London and elsewhere in Great Britain recently. This affection has occurred as an epidemic of fever with a somewhat peculiar rash, and is characterized by depression, sometimes profound, and symptoms referable to the heart, especially a dull, occasionally sharp, aching over the left side of the chest on exertion. While it is premature to suggest that there can be such a thing as a new disease, it seems certain that the infection does not resemble any known or described form of exanthem. As a rule it begins with red spots on the top of the right shoulder, these in a few days spread over the chest, causing a good deal of irritation. It is accompanied by aching of the legs and a considerable amount of lassitude.

Eating appears to bring out and inflame the eruption. The spots are sometimes plentiful, but not always. They have a faint yellowish tinge, especially as they grow older. They are raised and like flea-bites at first. Occasionally they come

in successive crops, but usually they all break out at the same time. They do not always itch, but, as a rule, they give rise to great irritation. The rash seems to come out after the feeling of being unfit has passed or is passing and is especially marked after eating. The sense of depression and weakness remains in some cases, and there is more or less peeling of the skin. The disease is not measles and, almost certainly, not German measles. Of course, it has been attributed to influenza, although it corresponds to no known type of influenza. It is, naturally, a question of great medical interest and is exciting much attention in medical circles.

Irritability a Sign of Disorder.—Sir Maurice Craig lectured a short time ago on "The Healthy Mind," at the Institute of Hygiene, and said it must be understood that the mind is composed of many parts and it was the proper working of these various parts in relationship to each other that constituted what was termed "the healthy mind." A great deal had been heard of late of the repressions of childhood being all-important in the nervous troubles of later life, but he was not one of those who belonged to the Freudian school whose outlook, he believed, was far too narrow. It was no new truth that man is the product of the child, and it could not be emphasized too strongly that a happy childhood was essential to a well-balanced adult life. Although there was no need to fear heredity, there was danger to a child if brought up in a home where the parents were unstable and the environment an unhappy one. It was the psychological atmosphere of the home and the school which was the foundation of success in after-life, far more than any scholarship: intelligence should be the aim of education rather than learning. There were risks in early brilliancy in children, risks which parents, in the gratification of seeing their children standing well with their instructors and school companions, did not always appreciate. Either in the animal or the vegetable kingdom, it would be found that rapid development connoted a short life history. By unwise use, or by intensive pressure, the energy which ought to be spread over years might be, and too frequently was, exhausted rapidly at an early period of life. He emphasized the fact that orderliness of mind, was all important. The mind dominated by emotion tended to be "sloppy" and unstable. Irritability was a sign of mind disorder and would increase unless steps were taken to control it. An important point to remember was that irritability was more harmful to the nervous

system of the person who was irritable than to other people who were exposed to it. On the physical side with failing nutrition and, consequently, falling bodily weight, a greater capacity for work, accompanied by a feeling of well-being, might be experienced, but when the fall in weight reached a certain stage, nervous symptoms suddenly developed. During the war, owing to food restriction, people lost weight, and would write to the newspapers saying how much better they felt, but collapse came later, and we were now only just beginning to recover from the stress of war, of which loss of weight was not a small one, and even now, irritability was much more noticeable than it was before the war. Mental hygiene, and all that it stands for, was one of the greatest branches of preventive medicine, and even with our present knowledge, it pointed the way by which the number of insane might be reduced by fifty per cent. Mental hygiene was a subject which had been too long neglected, for it possessed, in its teaching, the knowledge which would lead to greater happiness in the individual, and in this, benefited the race.

Condition of the Hospitals.—Hospitals throughout the country are appealing for help. There are only a few, they can be numbered easily on the fingers of one hand, which are in a satisfactory financial condition and this happy result has been due to efficient management and organization; that is, the introduction and practice of business principles. The vast majority of these essential institutions are in a bad way and there does not seem to be hopeful prospects of emerging soon from the slough of despond in which they are intricated. Various schemes have been suggested, some of which have been put into effect with partial success. The most rational means of overcoming the difficulties of the hospitals, financial and otherwise, is evaded by some and scouted by others. The pay-ward system is the means referred to. However, this system is beginning to commend itself to the far-seeing, and is being adopted in a tentative and timid manner by a limited number of governors and directors. Viscount Knutsford, the chairman of the Board of Governors of the London Hospital, is a partial convert, the Norfolk and Norwich Hospital takes in patients who can afford the expense, these pay for their maintenance, and other hospitals are giving the system a trial on a small scale. No hospital, as yet, has embraced it whole-heartedly, and the situation is critical. The alternative appears to be State control, which is obnoxious to the mass of sane British

subjects, and which is advocated only by glib-tongued extremists, who see, or profess to see, in nationalization, the realization of a new heaven and new earth. It is to be hoped that so far as hospitals are concerned, they will not be placed under the domination of a bureaucracy, whether it be of the Bolshevik or German type. It would destroy individualism and the medical profession would lose its independence and the last shreds of its self-respect.

Mr. Sydney Peel, M.P., presided the other day at the annual Court of Governors of the Mount Vernon Hospital for tuberculosis and diseases of the lungs and heart, and said he objected to State support on the grounds that such support would be disastrous to medical science and to the health of the people. In his opinion, the only way out for the hospitals was to make the patients pay, according to their means.

Research in Radiology.—Research in radiology is proceeding apace in Great Britain. During the war the X-rays were brought into the service of the army for the purpose of discovering the structure and composition of explosive bullets, and the Department of Radiological Research at Woolwich Arsenal has now probably the most powerful apparatus of its kind in Europe. But in proportion to the increase of penetrative radiation, the dangers of operating X-rays have become greater. They affect living cells, although the manner in which they affect them is not understood as yet. While some appear to have an affinity for cancer cells, others seem to have a predilection for normal tissues. The powerful rays now developed pass through the lead screens which formerly were an almost certain protection. As a matter of fact, the means of protection at present employed are inadequate, and more effective measures must be devised for the protection of those who are constantly exposed to the action of the most recently developed rays. A week or so ago, Dr. Robert Knox strongly advocated in *The Times* the establishment of an institute endowed for research on the physical, technical and biological sides of radiology. In a leading article in the same journal, April 22nd, it is contended that although there would be advantages in such a course, the creation and equipment of a new set of laboratories would cost a large sum of money, and that the aim might be achieved by a co-operative effort, by the combination of the laboratories of industry and of healing. There appears to be a good deal of sound common sense in this point of view, and, in any event, every effort should be bent towards finding

out and perfecting methods whereby those constantly exposed to exceedingly penetrative radiation should be sufficiently protected.

Industrial Colonies and Village Settlements for the Consumptive.—The problem of treating the consumptive is far from being successfully solved, and views with respect to its exciting cause, which were generally accepted but a few years ago, are now regarded with not a little doubt. Before, therefore, any real advance in prevention and treatment can be made, some of these obscure points, at any rate, must be made clear. The sanatorium has not fulfilled the too optimistic expectations formed of it by its enthusiastic promoters, and while sanatorium treatment of tuberculosis is hardly the dismal failure which it is stated to be by some, on the whole it has not been a conspicuous success. Patients were sent out from sanatoriums or left of their own free-will, who were unable to cope with the strenuous conditions of the outside world, and quickly relapsed. The idea of combined methods of treatment was then conceived. Dr. Marcus Paterson and Dr. P. C. Varrier Jones were pioneers in this direction, and, so far as can be judged from results up to the present time, their prescience seems to have been justified. There was published recently by the Cambridge University Press a full description of the industrial colonies and village settlements established at Papworth, in Cambridgeshire, written by Sir German Woodhead, Professor of Pathology in the University of Cambridge, and Dr. P. C. Varrier Jones. The book is, in every respect, highly instructive, and should be read by all of those who desire information with regard to the latest and most promising system of preventing and treating consumption.

Sir Squire Spriggs, editor of *The Lancet*, has been elected a Fellow of the Royal College of Surgeons.

Robert Murray Leslie, M.A., M.D., B.Sc. (Edin.), 143 Harley Street, London W., died unexpectedly at the age of 55. Dr. Leslie had an exceptionally brilliant career as a student, graduating M.A. in 1888, B.Sc. in 1889, and M.B., C.M. in 1892, all with first-class honors. He gained numerous scholarships. He was senior physician to the Royal Hospital for the Diseases of the Chest, London, and physician to the Prince of Wales' General Hospital, Tottenham. Leslie was an excellent lecturer and teacher and a writer whose literary gifts were

equal to his medical knowledge. At the time of his death, he had just completed an important work on "Pneumonia and Its Modern Treatment" for the *Oxford Medical Press*. In private life he was beloved. He was of the kindest, happiest disposition and in all circumstances the courteous gentleman, and will be missed and mourned by all who knew him.

THE FUND FOR BOY SCOUTS

We are glad to know that the campaign, inaugurated by H.R.H. The Prince of Wales, to collect a fund for Boy Scouts, has been fairly successful, with a probability that it will have achieved pronounced success within a few weeks. In accordance with a suggestion from H.R.H., we desire to invite subscriptions from our readers to the extent of 1s. each. However, we don't ask them to make that the limit. If they make it several shillings, going up into the hundreds, we think it will be all the better. The impression that the work of the Boy Scouts is carried on without money is erroneous. At least $1,000,000 is essential in order to "carry on" and to put the movement on a sound footing.

Address: Boy Scout Association, Imperial Headquarters, 25 Buckingham Palace Road, London, S.W. 1.

Editorials

JOINS EDITORIAL STAFF

Dr. John Ferguson, who edited the *Canada Lancet* for twenty years, has retired from that onerous position, and has joined the editorial staff of THE CANADIAN PRACTITIONER. He will thus be relieved of much routine work and will be enabled to devote more time to articles of special interest to the whole profession. Dr. Ferguson, many years ago, was a frequent contributor to the pages of the PRACTITIONER. It is understood that he purposes following closely the trend of medical legislation, a subject to which he has given much study.

PROHIBITION

In such a campaign as that lately conducted in Ontario regarding Prohibition, many incidents of an extremely unpleasant character occur. We have thought, and still think, that the wisest policy for the medical fraternity, under such circumstances, is simply to keep aloof. In medical societies they should have perfect freedom to express their views as to the merits and demerits of alcohol. But we believe it to be not only unnecessary but also unwise to make any effort to exploit our views before the public.

Professor Leacock, of Montreal, delivered an address in Toronto in which he expressed his views fairly, frankly and decently, and gave his reasons for opposing Prohibition. We do not wish to

analyze or discuss his argument against Prohibition, although many of us believe his logic was correct.

The Globe published what it called " A Stinging Reply to Leacock's Speech," delivered by Rev. J. H. Arnup, in which the reverend gentleman said he was ready to " show that highbrow (Professor Leacock) and his crowd of snobs and cads at Montreal, that liberty in a democracy means equality," etc. He also adds, " I would like to make this province absolutely bone-dry, so dry they couldn't spit."

The Medical Health Officer of Toronto, unfortunately, considers it his duty to support the arguments of such creatures as this man Arnup, and he did so "in the interests of the home, the wives, mothers and children." That statement, unfortunately, offended a lot of very respectable (though possibly misguided) citizens who are not opposed to the welfare of " the wives, mothers and children," but who hold the absolute opinion that Prohibition will not prohibit. We think it is about time that that old-fashioned ranting by men who, from their position, are expected to remain neutral as far as possible, should cease. As a matter of fact, there is no need for it from any point of view, because William J. Bryan, Pussyfoot Johnson, the Rev. Arnup and a host of others are always willing to indulge in this sort of talk, and they can really do it better than Dr. Hastings.

Of course, he may believe that he has a perfect right to think as he likes and express himself as he pleases. This is correct, but we have the same right. However, we much prefer not talking from the

house-tops about it. Would it not be better for us physicians to learn to agree and disagree as amicably and as quietly as possible? What good can be accomplished by pin-pricking?

THE FAITH CURE

Toronto has now another healing mission. We are told by a prominent newspaper in Toronto that the man claiming to have this divine touch, that, from the early Christian times, has brought relief to so many sufferers, is the Rev. F. Bosworth. He held his first service in Toronto in the Parkdale Tabernacle, April 17th, and continued thereafter for some time in the Massey Hall.

The same paper presumed that we should have such scenes as accompanied the mission of the Rev. Mr. Hickson in St. James' Cathedral a year ago, and, perhaps, even on a "greater scale."

We are told that this man, Bosworth, is a *heavy drawer*. In Detroit, Pittsburg, St. Paul, and Lima, not a tithe of the people were able to find room in the largest halls that could be obtained. Mr. Bosworth told the Rev. Oswald regarding some of his greatest exploits, mentioning particularly certain cases which had been marvellously cured. "One mother, who had been blind for thirty-three years, was instantaneously restored to sight."

"Cancer, paralysis and almost every disease have been cured by this great evangelist."

Does *The Toronto Star Weekly* really believe that this man, Bosworth, has the divine touch and is able actually to restore to perfect health people suffering

from what we call incurable diseases? In other words, is he performing miracles? Or is the man a pretender who is blasphemous in the highest degree? We may say that we have absolutely no bias in the matter; that we have a fixed conviction that *The Toronto Star Weekly* is a good paper in the highest sense of the word. If this man is not actually performing miracles, he is doing much harm and a very cruel injustice to people afflicted with certain diseases, especially cancer.

ALCOHOL FOR INFLUENZA

We desire to make a simple statement of what we believe to be the position of the profession with regard to the administration of alcohol as a medicine. It is unfortunate that anyone should state that the opinion expressed by some that alcoholic liquor is sometimes useful as a therapeutic agent has been "entirely disclaimed and repudiated by the most highly recognized authorities." There will be no harm in making it simply correct and true—to change this to "a large number of highly recognized authorities." The list of those opposed to it under all circumstances includes a number of our greatest men, of whom there was no brighter example while he lived than Sir Victor Horsley. But the majority of the profession did not support fully the opinions of Sir Victor.

Another opinion expressed is that at the time of the influenza epidemic alcohol did more harm than good to those suffering from the disease. We have

no doubt that in that epidemic alcohol did a considerable amount of harm and perhaps, on the whole, more harm than good, but the harm came mostly to those who treated themselves and thought that they could ward off or kill the threatened attack by filling themselves with whiskey. We believe that that frequently meant just fighting the disease too long with, frequently, a resulting pneumonia. We believe, at the same time, that alcohol during that epidemic, when administered carefully, accomplished much good. The writer believes that the two most efficient remedies during that epidemic were both poisons, opium and alcohol; but anything like the indiscriminate use of either or both in large quantities will do, and at that time did do, more harm than good."

News Items

THE HEIGHT OF ROOMS

There has been some discussion recently in England regarding the height of rooms in private residences. The London Building Act requires that the height of dwelling rooms of newly-constructed houses shall not be less than eight and a half feet. The Minister of Health, however, has decided to permit a reduction to eight feet, but from which the London County Council dissents.

Some architects hold the opinion that there has been a tendency in recent years to make the dwelling rooms unnecessarily lofty and so to spoil their proportions. A room with a moderately low ceiling is cosier and more easy to furnish becomingly than one disproportionately high.

For purposes of ventilation it is not necessary to have lofty rooms. This is especially true in countries like Canada, where the heating of houses is expensive.

ANNUAL MEETING OF THE CANADIAN SOCIETY OF ANAESTHETISTS

The Canadian Society of Anæsthetists has been accorded the distinction and honor of a joint meeting with the Ontario Medical Association, the Interstate Association of Anæsthetists and the New York Society of Anæsthetists. This, the first annual meeting, will be held in Niagara Falls, June 1-3, at the Clifton House.

The Section of Anæsthetics of the Royal Society of Medicine is sending Dr. H. Edmund G. Boyle, O.B.E., Anæsthetist and Lecturer on Anæsthetics to St. Bartholomew's Hospital, London, England, as their representative to address our Society.

An interesting and instructive programme is under preparation. There will be a joint session of all of the organizations on the afternoon of Thursday, June 2, during which papers on anæsthesia of pertinent interest to those in attendance, will be presented. One feature of the meeting will be a Case Report Session.

All anæsthetists, surgeons, specialists, dentists and research

workers, interested in the advancement of the science and practice of anæsthesia, are cordially invited to attend the Niagara Falls meeting and find out how their needs for progress are being met.

The following nominations have already been made for 1921-1922:

President, William Webster, M.D., Winnipeg, Man.; Vice-President, David H. Arnott, M.D., London, Ont.; Sec.-Treas., Wesley Bourne, M.D., Montreal, Que.; Executive Committee, Thomas R. Hanley, B.A., M.D., Toronto, Ont.; Charles La Rocque, B.A., M.D., Montreal, Que.; F. H. McMechan, M.A., M.D., Avon Lake, Ohio; Walter L. Muir, M.D., Halifax, N.S. Members are requested to submit further nominations, and their attention is hereby called to By-Law No. 6.

Those interested are invited to communicate with the Secretary-Treasurer, Dr. Wesley Bourne, 34 St. Mark Street, Montreal, Que.

ACADEMY OF MEDICINE, LONDON, ONTARIO

A very interesting meeting of the Western Ontario Academy of Medicine was held in London, March 25th. The meeting was largely attended by the physicians of London and the western district and also by nurses and medical students.

Dr. Angus McLean, an old Glencoe boy, Professor of Surgery in the Detroit College of Medicine, delivered an address on "Ulcer and Cancer of the Stomach and Duodenum." He advised a more careful study of diagnosis and related some histories of cases in practice. He mentioned one serious case where a malignant ulcer received Christian Science treatment for two years, at the end of which time perforation into the stomach took place. Medical assistance was summoned and the patient's life saved with great difficulty. He also mentioned a second case where the patient had so much faith in Christian Science that he delayed sending for a regular physician for twelve hours, with the result that the attack proved fatal. Therefore, he declared, Christian Science treatment may be good for some ills but not for gastric ulcer.

Dr. Thomas S. Cullen, Professor of Gynæcology in Johns Hopkins University, took as the subject of his address, "Weak Points in Canadian and American Surgery." He first paid a tribute to the pioneers in surgery who blazed the

way for present-day methods. He declared that twenty-five years ago in the City of London the mortality following surgical operations was 25 per cent., while now it is less than 2 per cent.

Surgical pathology is one of the essentials required in order to obtain definite concrete surgical facts from the operating room. Much labor is involved before a good surgeon is produced. He cited some of the difficulties in his own case encountered after graduation from the University of Toronto in 1890.

Personals

Dr. G. R. Reid has resumed his practice at No. 20 College Street, and will confine it to Radiography and Radiotherapy.

Dr. James G. Caven announces that on June 1st, 1921, he will retire from general practice and devote himself to office and consultation work.

Dr. William E. Sinclair has opened offices at 124 Bloor Street West, Toronto. He will limit his practice to diseases of infants and children.

On Thursday evening, January 20th, a dinner, followed by a reception, was given in honor of Dr. William W. Keen, at the Bellevue-Stratford Hotel, Philadelphia, by his medical colleagues. This was Dr. Keen's 84th birthday.

Obituary

SIR FELIX SEMON, K.C.V.O., M.D., F.R.C.P. (LOND.)

Sir Felix Semon died March 1st, at his residence, Rignalls, Great Missenden, England, at the age of 72 years. He was born in Danzig, December 8th, 1849, and began the study of medicine at Heidelberg, in 1869. He graduated M.D., from Berlin, in 1873, after which he did post-graduate work in diseases of the throat, at Vienna and Paris. In 1875 he was made clinical assistant at the Throat Hospital in London, and settled in England. In 1888 he was appointed laryngologist to the National Hospital for the Paralyzed and Epileptic, and he then began research work with Sir Victor Horsley, which has achieved such wide renown. He founded the Laryngological Society of London, in 1893.

He built up a large laryngological practice from which he retired in 1911. On this occasion a sum of £1,040 was subscribed in his honor as a testimonial expressive of warm regard, and of appreciation of his life's work. He presented this money to the University of London to establish a trust for the purpose of awarding a commemorative bronze medal for the best work in the treatment of diseases of the throat and nose, and to found a lectureship to be called the "Semon Lectureship in Laryngology."

He was knighted by Queen Victoria in 1897; later he was appointed Physician Extraordinary to King Edward VII, and received the K.C.V.O. in 1905. He attained to recognition throughout the world such as has never come to any other laryngologist.

Semon was a pioneer. He found British laryngology practically non-existent, and he left it bearing a world-wide reputation. His achievements in the surgery of malignant laryngeal growths have proved of immense lasting benefit to humanity.

PROF. THEODORE SCHOTT, GERMANY

A letter from Nauheim reports the sudden death of Prof. Theodore Schott, of Nauheim, at the age of 70. The pioneer work of Prof. Schott and his brother, Augustus, in diseases of the heart, was a very distinct step in advance. Their work was carried on at Bad-Nauheim, a beautiful town in the Grand Duchy of Hesse, a few miles from Frankfort-on-the-Main. In

its bathing establishments were to be had various baths, prescribed by the physicians practising in the town—Sprudel and thermal alone, or in suitable combination, steam thermal, and the ordinary brine baths (without any carbonic acid). These gaseous thermal muriated waters have attracted world-wide attention owing, chiefly to the treatment of cardiac diseases by gaseous baths and special methodic resistance exercises. This method was elaborated after years of close study by the Doctors Schott, and has been further investigated in the most painstaking and thorough manner by Prof. Theodore Schott since the death of his brother over thirty years ago. The form of treatment which was introduced through their genius was a radical innovation, and met with much opposition from those who had an innate prejudice against any advance therapeutically unassociated with drugs, and from others who did not spare the time to properly consider the subject; but the merits of the method are evident on personal observation, and it has grown in estimation until now the Schott school of treatment in heart diseases has enthusiastic adherents and advocates in all civilized countries.

Prof. Schott visited Toronto in 1907, and delivered an address in the Medical Building, before the Toronto Medical Society. The late Dr. J. F. W. Ross presided, and the late Dr. Hamilton was Secretary. The vote of thanks was moved by Dr. N. A. Powell, and seconded by the late Dr. J. L. Davison.

With the passing of Prof. Schott passes also all the pre-war prestige and popularity of Bad-Nauheim as a health resort.

ROBERT BOWEN AYLESWORTH, M.D.

Dr. R. B. Aylesworth, of Roncesvalles Avenue, Toronto, died at his home, April 22nd, aged 79. He graduated M.D. from Victoria University, in 1865. He first practised in Lansdowne, then for a time in Moffatt, Kent County, and came to Parkdale 35 years ago.

SIDNEY R. DALRYMPLE, M.D.

Dr. S. R. Dalrymple, who had practised in Fenwick, Ont., for 15 years, died in the Toronto General Hospital, after a brief illness, April 23rd, aged 43. He graduated from the University of Toronto in 1906.

Book Reviews

A Text-Book of Pathology. By William G. MacCallum, M.D., Professor of Pathology and Bacteriology, Johns Hopkins University. Second edition, thoroughly revised. Octavo volume of 1,155 pages, with 575 original illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $11.00 net. The J. F. Hartz Company, Limited, Toronto, Ont.

The first edition of this book was admirable, and we are glad now to welcome the second edition chiefly because it contains many additions rendered important by reason of medical and surgical advances in the great war. Among the most important of these are, Infectious Diseases, Effects of Poison Gases, Malnutrition, and Diseases caused by Animal Parasites. The author tells us that constant effort has been made to speak of the disturbance of function in connection with clinical facts in the course of a disease, and in many cases to describe the symptoms. If this makes the book seem like a treatise on Clinical Medicine, it is only because Pathology and Clinical Medicine are, after all, the same thing, viewed from slightly different angles. We believe this is one feature of the book which will be found both interesting and useful to readers, whether graduate or undergraduate. We are inclined to say that we believe it is the best book of its kind now available.

The Essentials of Histology, Descriptive and Practical, for the Use of Students. By Sir Edward Sharpey Schafee, F.R.S., Professor of Physiology in the University of Edinburgh. 11th edition. Lea & Febiger, Philadelphia and New York. 1920.

For thirty-five years this text book has been the standard in all schools where the laboratory method is properly applied. The eleventh edition seems to have been required because the former supply was exhausted, for there is little change to be noted. The plan of the work is a series of lessons, each suitable for the laboratory period. The illustrations and letterpress are all that could be desired.

Abstracts

CAECAL CONSTIPATION

Dr. Roux, of Paris, describes in detail a condition which he terms Cæcal Constipation, and he outlines treatment. This form of constipation is caused by retention of fæces in the first part of the colon, whereas in ordinary constipation this retention takes place in the terminal portion of the large intestine. The first symptoms are those of malaise, nausea and headaches. This is accompanied by discomfort in the cæcal region, which sometimes develops into very severe pain, and such a complication renders a differential diagnosis with chronic appendicitis difficult, as very often the appendix is affected secondarily. In treatment the object is two-fold: (1) To prevent the formation of toxic substances and (2) to procure a thorough evacuation of the ascending colon. To this end nitrogenous foods are, in large measure, eliminated from the diet. A sample diet is outlined. Carnot advises large doses of lactose in order to prevent putrefaction in the ascending colon. Very mild laxatives should be used in order to ensure thorough evacuation of the cæcum without irritation of its mucous membrane. In certain cases resistant to medical treatment surgical measures may be employed, but such treatment is very dangerous and should be avoided if possible.—Abstract of a Paris letter to the *Medical Press,* April 6, 1921.

TEA INTOXICATION

M. Allen Starr, in this paper, cites instances in which the drinking of strong tea produced most toxic symptoms. The first, a woman, who, by mistake, took 300 grams of tea in 300 grams of water; the result was that almost immediately she suffered a violent reaction, with faintness and convulsive twitchings. This was followed by vomiting, which lasted eight hours. She did not recover from the attack for twenty-four hours. The second instance describes three football players suffering from extreme nervousness, which had been accredited to tonics containing strychnine. However, it was discovered that they took at least two quarts of strong tea daily, and all nervous symptoms disappeared one week after tea was with-

Keeping Up the "Will to Get Well"

The patient's own cheerfulness and confidence, so essential to the physician's efforts, are often lessened when established habits of diet must be interfered with—for instance, when it is found necessary to prohibit tea and coffee.

To establish conditions which fit in with recovery, without imposing a burdensome sense of denial, becomes a problem, which may find a comfortable and satisfactory solution in

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drawn. Although these were acute cases, the writer also cites chronic cases in which a persistent headache and dizziness disappeared on the exclusion of tea, and returned immediately when tea was resumed. He also suggests that certain mental conditions may be caused by tea. He concludes by saying that he has no wish to produce a "wave of tea prohibition," as he considers tea in moderation a most satisfactory beverage, but he has put these cases on record in order that the physician may be aware of the possibility of tea intoxication.—Starr, M. Allen, *Medical Record*, March 19, 1921, p. 463.

THE INDICATIONS FOR, AND CONTRA-INDICATIONS TO, PROSTATECTOMY

Hypertrophy of the prostate is, in reality, only related to this organ by contiguity. The mass which increases the size of the prostate forms, not in the gland, but in the tissues in the neighborhood of the neck of the bladder. The flow of urine is impeded either by a blocking of the urethra or by a rigidity in the bladder neck. In either case evacuation may become so difficult that catheterisation at intervals is imperative. Catheterisation very often implies infection of the bladder, and later, which is more serious, infection of the kidneys. This danger of infection and the probability of cancerous degeneration, lead the author to the advocation of prostatectomy in all cases of enlarged prostate. However, the condition of the patient must always be considered, age, health of the kidneys, etc., and in some cases it is possible to perform a prostatectomy in two sittings, first opening the bladder, and subsequently removing the prostate. He concludes by a statement to the effect that every prostatic subject who is obliged to have recourse to the catheter ought to undergo prostatectomy. —G. Marion, Surgeon to the Paris Hospitals, *Medical Press*, February 23rd, 1921.

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often becomes an "eye-sore" to the conscientious physician whose therapeutic resources have come near being exhausted—with the patient little, if any, improved.

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Selections

Exophthalmic Goitre and Surgery

Dr. Bram's (*N. Y. Med. Jour.*, Feb. 19th, 1921) conclusions are:

Surgery is indicated in Graves' disease, when:

1. Marked pressure symptoms of cervical and thoracic structures are evident.

2. Malignant degeneration of the thyroid occurs. (Marked pressure symptoms and malignancy are unusual occurrences during the course of thyroid hyperplasia.)

3. A local structure (tonsils, appendix, pelvic abnormalities), which, by a careful process of exclusion, is found to have an etiological bearing on the syndrome. Surgical removal of such diseased tissues, in breaking the continuity of the vicious circles upon which the symptom complex depends, may bring about a cure.

Surgery is contraindicated in the vast majority of cases of Graves' disease, for,

1. The pathogenesis of the disease points to the thyroid as playing but a small part in the causation of the syndrome.

2. The symptomatology of the affection is as widespread as the body itself, favoring strongly the pluriglandular theory.

3. Physiology indicates that, in the human being, it is almost as dangerous to attack surgically an overactive vital organ, such as thyroid, as to attack surgically an overactive heart.

4. On clinical grounds, Graves' disease does not fall in the realm of surgery, as indicated by the considerable mortality rate, frequent operative accidents (e.g., myxedema, tetany, vocal paralysis), postoperative sequelæ (acute exacerbations, acute psychoses), recurrences, and the lack of conclusive proof of complete surgical cures. As has been suggested, surgical interference with the thyroid, by reducing the recuperative powers of the patient, prolongs the state of invalidism and favors profound degenerative changes of the tissues of the circulatory and nervous systems, rendering the prognosis less favorable and the task of the internist tedious.

5. On empirical grounds, Graves' disease belongs strictly in the field of the internist, who, having made endocrinology his field of special endeavor, is capable of demonstrating complete and permanent non-surgical cure of every case of the disease in which the vital structures are not badly damaged and a reasonable degree of co-operation is obtainable.

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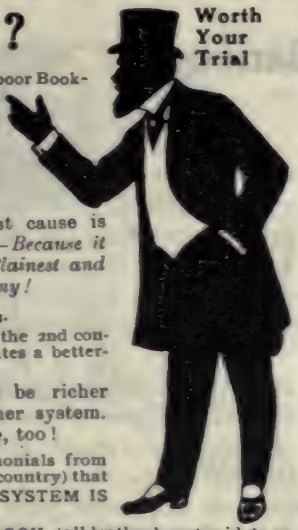

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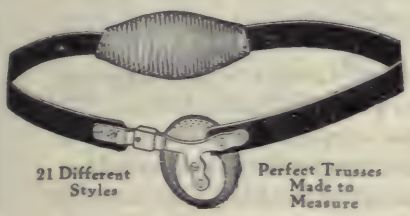

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Miscellaneous

A Scientific Accomplishment

Remarkable advances have been made in the study of blood-clotting and hæmorrhage, during recent years. Not only have we learned much of a practical nature concerning the "mechanism" of blood coagulation, but we have also discovered means to control even inaccessible bleeding when, as is often the case, it fails to cease spontaneously, due to defective coagulability of the blood.

The blood is kept in a fluid state in the vessels by the presence therein of antithrombin. Should the proportion of antithrombin be unduly increased and a hæmorrhage occur, the blood would fail to clot. The absence or insufficiency of prothrombin or kinase, which perform an important part in the process of coagulation, would have a similar effect. Hence in the treatment of uncontrollable hæmorrhage the physician needs an agent that can be depended upon to meet both of these conditions. Such a substance is Hemostatic Serum, P. D. & Co., a comparatively recent addition to the list of highly scientific remedies that have been elaborated by experts in physiologic chemistry. Hemostatic Serum neutralizes antithrombin and supplies prothrombin and kinase. Its effect is truly remarkable in the treatment of capillary hæmorrhage, hæmorrhage of the new-born, pulmonary hæmorrhage, persistent epistaxis, bleeding from gastric and intestinal ulcers, hæmorrhage following surgical operations upon the tonsils, the bones or the viscera, and so on. It is administered hypodermically or intravenously in doses of 2 to 5 c.c., and the dose may be repeated at intervals of two to six hours. It is also used to prevent hæmorrhage by administration prior to surgical procedure in hæmophiliacs. To be prepared for any emergency the surgeon should include a package of Hemostatic Serum in his equipment, as the product keeps well and is always ready for immediate use.

From a Different Angle

"You can't get an intoxicating drink except with a doctor's prescription," remarked Mrs. Corntossel.

"Yes," replied her husband. "I was jes' thinkin' of writin' to our boy, Josh, tellin' him to drop law an' study medicine."—*Washington Star.*

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"The Bloodless Phlebotomist"

In the Comedy Relief section of the May issue of *The Bloodless Phlebotomist*, a delightful satire entitled—"Too Late Now," by James Montague, gives a mirthful view of gland transplantation vs. euthanasia at sixty. This is only one of several worth while features of this publication. J. Petrie Hoyle, M.D., the first American physician to serve in Flanders during the World War, contributes a very interesting article on war injuries, and the article on "Treatment of Inflammation of the Fallopian Tubes," by Dr. J. Sidney Eason, Coldwater, is well worth reading.

If you have not received this little journal a request to the Denver Chemical Mfg. Co., New York City, will bring, without expense to you, the May number as well as future issues.

Women in Medicine in England

It is evident that in Great Britain women are now entering the medical profession in the same way and for the same reasons as men do, for the sake of earning a livelihood in a calling for which they have a liking and an aptitude, and the prejudice which existed against women doctors is dying out, mainly because they have shown themselves to be fitted for the work. At many of the London hospitals there are both men and women resident medical officers on duty. At the Royal Free Hospital, London, which is the women's medical school, almost all the resident officers are women, and it is the usual thing for the women on duty to deal with all and any cases that come in. It has been established beyond cavil that women are quite competent to undertake such duties. At the Royal Free Hospital there are 450 women medical students, ninety-five of whom are new this session, although the lists are not complete. —*N.Y.M.J. London Letter.*

One on the Caddy

Jones—Do you ever play golf, Miss Sportleigh?

Miss Sportleigh—Mercy, no, Mr. Jones, I don't know a thing about the game. I don't even know which end of the caddy you take hold of when you start to hit the ball.—*Judge.*

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The Therapy of Hyperthyroidism

M. F. Morris, Jr. (*Medical Record,* Sept. 11th, 1920), says the cause of this condition is practically always toxæmic or neurotic in origin. Therefore, the first therapeutic aim should be the discovery and removal of the source of toxæmia (teeth, gums, tonsils, sinuses, gall-bladder, appendix, genito-urinary tract, etc.; also absorptions of toxins from the intestines in cases of intestinal stasis).

Certain hygienic measures are very useful in treating cases of hypersecretion of the thyroid. Good nursing; pleasant, quiet surroundings; warm, fresh air; two sponge baths daily, with plain or salt water and the application of an ice bag to the thyroid and the heart are all quite important. The administration of much water, especially the imported Vichy, is of real value.

A suitable diet is most beneficial. Due to the excessive catabolism which occurs in these cases, a very nutritious diet is necessary to overcome this catabolic loss. This diet should consist of milk, buttermilk, cream, butter, cheese, eggs, plenty of bread, vegetables, soups, stewed fruits cereals and a simple desert, such as custard or rice pudding. All meats should be omitted, and alcohol, tea and coffee interdicted.

The Wisdom of Youth

Mrs. Goodby, the obstetric nurse, stepped over to a neighbor's house to send the doctor a preparatory call. The neighbor's ten-year-old daughter was a close listener to the following:

"Mrs. C—— will need your services later this evening, doctor. She is having pains about every hour, and the water broke at four this afternoon."

After the nurse departed the child said: "Mother, what do you suppose Mrs. Goodby did? She telephoned for a doctor and they need a plumber!"

Immune

"I am delighted to meet you," said the father of one of last year's Fresh medics, shaking hands with the Doctor, "my son took physiology under you last year, you know."

"Pardon me," said the doctor, "he was exposed to it, but he did not take it."

The Canadian Practitioner and Review

Vol. XLVI. TORONTO, JULY, 1921 No. 7

Original Communications

THE CANCER PROBLEM

By Adam H. Wright, B.A., M.D.

Cancer is man's most defiant foe. For forty centuries the world has been fighting it, and, so far as we know, the mortality rates are a little less than those of three or four thousand years ago. For reasons which will be evident in the context I shall place here a portion of a paper read before the York Pioneers.

I desire now to say something about cancer, partly because certain remarks made by me at a recent meeting were misunderstood and misreported. Some got the imprssion that while I favored the knife I was entirely opposed to radium. I was speaking especially about prevention, but I said, incidentally regarding treatment, that I approved a judicious combination of surgery and irradiation as recommended at the Cambridge meeting of the British Medical Association last year. I shall now try to indicate some of my opinions by words of advice, going a little beyond the scope of my other paper.

Never use any form of paste in the treatment of cancerous lumps or sores. For such conditions pastes are abominations, generally, if not always, harmful. (My friend, Dr. A. R. Robinson, of New York, does not concur.)

In all cases when warts, moles, lumps, or excrescences show signs of going wrong, submit to the knife or radium. The knife, when used with ordinary skill or care, is always safe, generally effective, and leaves little or no scar. Radium, in such cases, is equally effective, and leaves no scar as a rule. May we hope that people who dread the knife will soon learn this fact, and choose the radium rather than the horrible paste as the alternative to the knife.

Epithelioma of the lip, if removed early by the knife, seldom recurs, and there is very little scar left. It can also be removed by radium with (I am commencing to think even less chance of recurrence, and no scar.)

Rodent ulcer, that horrible form of slow-growing cancer which appears mostly on the face, and which eats its way through the skin, flesh and bone, can be cured by radium in nearly every case, if used early; also in a large proportion of cases when used in later stages. This is the sort of cancer which so often goes into the hands of the paste curer.

Various forms of skin lesions closely allied to cancer, or which may grow into cancer, such as keloid, lupus, tuberculosis, etc., can be cured by radium. A young girl friend of mine had a mysterious skin tuberculosis of the nose of rather long standing, which was completely cured by radium about two years ago without leaving any disfiguring mark. This latter part of the result alone gave us great satisfaction as she had a sweet, pretty face, which had been sadly marred by a big ugly looking scab.

I have been referring to a few forms of surface cancer in patients I have seen, and observed the curative effects of treatment. I know, and I want the public to know, that cancer can often be prevented, and also that, in a large proportion of cases, it can be cured if the patients submit to early treatment, and also it can often be cured even in the later stages. But in all neglected and badly treated (as for instance with pastes) cases, there comes a condition which, unfortunately is inoperable and incurable.

We are trying to teach the people, but it is a slow process, largely because a large proportion of our physicians apparently fail to realize the vast importance of treating the precancerous condition. The term precancerous is not, in all respects, satisfactory, but it really suits our purposes very well. Let us consider that all lumps, nodules, and scabs (incrustations covering sores) are precancerous, and should be removed either by knife, radium, or X-ray, without waiting for laboratory findings, because such removal of a thing, neither useful nor ornamental, takes from us all fear of an impending calamity.

Now I desire to speak of two forms of cancer which I have studied with some care for many years.

Cancer of the Breast

There may be some doubt regarding certain cancerous conditions; but I have none as to the following statements:

Mammary cancer is primarily a local condition. If removed early perfect recovery will generally result within a short time; if not removed it will kill in two to two and a half years. Among all cancers in human beings there is no more certain killer than scirrhous cancer of the breast. The figures of Dr. Wm. Doolin, of Dublin, as published in the Medical Press, May 21, 1920, are nearly, if not quite, correct; operation in the first stage will save 80%; in the second stage, i.e., after slight involvement of axillary glands, 15% or less; in the 3rd stage i.e., growth widely spread and fixed; probably some prolongation of life with perhaps diminished suffering.

I wish, however, to make one positive statement. If every woman over thirty-five years of age has a lump or nodule of the breast removed, or treatment by radium instituted within three days after its first appearance, the percentage of recoveries instead of 80 would be 95 or more (100, barring accidents). But, one may say, if you make it your routine practice to remove every little lump that appears in the breast you will find that in certain cases there is no evidence of malignancy. Don't you think that in such a case the operation has been unnecessary? Certainly, no! Nothing could be more satisfactory. Whether the growth was precancerous or not no harm was done; some good was done. In the case of the removal the chances are all really in favor of the patient. But, you may ask: Have not you told us that optimism is better than pessimism? Why, then, spread needless alarm? Let me answer quite frankly: I am an optimist to such an extent that I believe in the "faith cure," in many cases. but not for advanced cancer. I should like to fill the mind of every woman in Canada with a fear of cancer.

Cancer of the Uterus

"The time to cure cancer is before it begins." I don't remember who first used this expression, but I believe it is especially true as to cancer of the uterus. Let us consider what is generally supposed a typical case. A hemorrhage commences some months or some years after the menopause. This is supposed to be a symptom of com-

mencing cancer. An examination, in the majority of cases reveals actual cancer growth more or less advanced, almost, if not entirely incurable. One may ask the doctor who has h ad charge of the patient, let us say a careful and conscientious practitioner: have there been abnormal symptoms in the past? He may answer: none pointing to cancer. She has had in former years some troublous symptoms such as dysmenorrhea, slight menorrhagia, slight irregularities, but nothing really serious. At the menopause there was some irregularity, occasional slight excess at the period, some constitutional symptoms, chiefly connected with the nervous system, neuralgias, backaches, and general debility, but various examinations revealed no sign of cancer, fibroid, or new growth of any sort, and no discharge of any kind between the periods. At the time a blood examination showed practically no abnormality. A curettement was performed partly to stop the haemorrhages, partly for diagnostic purposes. A careful examination of the scrapings showed no signs of malignancy. Therefore the announcement is made to the patient and her friends that everything possible has been done, and there is no sign of cancer.

But in a large proportion of such cases we make a terrible mistake which I can the more readily appreciate because I have made it myself. A prolonged menopause and symptoms such as have been mentioned should always lead us to suspect a precancerous condition. The statement after the curettement that "there is no sign of cancer," is incorrect, as there is really almost every sign of cancer excepting the gross physical manifestations. And when we wait for the latter we have frequently, if not mostly, waited too long. Without any further discussion I wish to express my personal opinion that curettement is never indicated for the haemorrhages of the menopause, as I consider it never useful, always harmful and practically worthless for diagnostic purposes. In most of the cases I have observed hysterectomy should have been performed instead of the curettement. I am presuming that ordinary methods of treatment have been carried out—including rest in bed and the administration of suitable medicine, etc. Fortunately in these modern days of really good surgery, hysterectomy in expert hands, is safe and satisfactory in every way when done early enough.

For some years I have advocated the knife first. Sometimes it may be difficult to choose between radium and the knife, but it should be remembered that frequently it is better to combine the two. Many of us think now, however, that in the hemorrhages occurring during or after the menopause irradiation should come first. Fortunately patients readily submit as an application is not an operation. In a large proportion of cases I believe the radium will stop the hemorrhage whether, due to endometritis, fibroid, or commencing cancer. If this does not produce a beneficial effect, then perform hysterectomy, the prospects from which will be improved rather than otherwise by the previous irradiation.

Editorials

PUBLIC HEALTH.

At the recent meeting of the Canadian Health Association, Dr. J. G. Fitzgerald delivered an excellent address on public health. He believed that before long preventive treatment would be considered the important consideration by the profession and the public, but perhaps the main point he wished to emphasise was the importance of treating minor ailments in the early stages with the hope of preventing those serious conditions which often follow the so-called minor ailments.

In Toronto alone, during the past year, 5000 children have passed through the hands of the previous clinics in the different hospitals, while probably other hospital and private doctors. He wished to prove that since children were taught to submit to periodical medical inspection for the checking and prevention of disease in its early stages, they would grow up with the conviction that it would be their duty to have the children cared for in the proper way and the result would be, in time, that periodical inspection of the whole race would become an established custom.

We are always glad to hear Dr. Fitzgerald. He invariably has clear cut opinions and knows how to express them. He is one of the few in these days who can talk science in an interesting and practical way. He and his staff have been doing excellent work in the University of Toronto, and we are glad to know that his twin brother (so far as methods of teaching are concerned), Dr. George Porter, will, in the future, be associated with him in his good work. They will make an excellent team.

TUBERCULOSIS

The first Muskoka Free Hospital for the treatment of tuberculosis patients was built at Gravenhurst, in 1902. This building was destroyed by fire last November.

In recent years much has been accomplished in the

fight against tuberculosis. For this great improvement a large share of the credit is due to the National Sanitarium Association, which worked for many years under the leadership of the late Sir William Gage. Fifteen thousand consumptives have been cared for in the three free hospitals of the Association,—The Muskoka Free, at Gravenhurst, for the early cases, the Toronto Free, at Weston, for the advanced cases, and the Queen Mary, at Weston, for children.

The following figures, taken from a recent report, will be found interesting: There have been 60% of cures and improvements at the Muskoka Free; 30% cures and improvements at Weston; and 90% cures and improvements at the Queen Mary. A campaign for a million dollar fund to rebuild the Muskoka Free Hospital and other purposes, was started on May 29th.

THE TUBERCULOSIS ASSOCIATION.

The great good which has been accomplished by this association is known only in part. Fortunately, however, all who know anything about the matter, fully realize the fact that Dr. George Porter was, for 21 years, its mainstay.

Dr. Hawes of Boston, who was recently with us in Toronto, expressed his views on the subject in Ottawa, in 1919. He said, "It seems to me that you are stagnating in the harbor of indifference and that your policy is, 'Let George do it.' You have the man, but you have not backed him up. You have a national association which is almost a one man association. I should like to see you get together here as the Canadian contingent did in Europe, and show your representative in Parliament what you are and what you can do. If you do this, I have every reason to believe that you really will get over the top."

In a way we are sorry to see George out of it, but, fortunately he is not really quite out of it, but will, continue to take an active interest in its welfare. He has done a wonderful work, as we all know, and his work will live after him. We are glad to note, at the same time, that the association has a worthy successor to Dr. George Porter in Col. Robt. Wodehouse, formerly one of the district health officers of Ontario. Dr. Wodehouse possesses tact,

ability, energy, and a general knowledge of matters pertaining to public health, which make him, in our opinion, in every way well qualified for the work he has undertaken.

WESTERN UNIVERSITY

The "Toronto Globe," of June 14th published an interesting and illuminating article on the Western University, and made many statements in connection with it which all, who have carefully watched its career, know to be correct. The institution is doing great educational work and is rapidly increasing its facilities for branching out in various directions.

Those interested in the growth of the Western claim that the city of London, Ont., has, in a high degree, the topographical conditions for a large university. Its constituency comprises fourteen large and prosperous counties forming the western peninsula of the province.

The Western University was established in 1878 under Anglical auspices but re-organised in 1908 on a non-sectarian basis. Its medical faculty has existed for 39 years although it was incorporated with the University only eight years ago. Part of the work of this medical faculty is carried on in the London Institute of Public Health, which was established by the Ontario Government about ten years ago. This Institute is carrying on its work in a building of its own while a new building for the medical faculty proper, with accommodation for 300 students, has been almost completed at a cost of nearly one half million dollars. The following institutions are affiliated with the University: Huron College, Assomption College of Arts in Sandwich, and the Ursuline College of Arts, formerly of Chatham, now of London.

PUBLIC HEALTH CONVENTION

The recent public health meeting was probably the largest of its sort which has ever been held in Canada. There were four different public health organisations in the convention, namely, (1) Canadian Public Health Association; President, Dr. John Amyot, (2) Ontario Health Officers' Association; President, Dr. D. A. Mc-

Clenahan, (3) Canadian Association for the Prevention of Tuberculosis, President, Hon. Dr. Schaffner, (4) National Council for Combating Venereal Diseases, President, Hon. Justice Riddell.

The meeting was exceedingly successful so far as is possible in a large combined meeting where a lot of the sessional and sectional meetings are being held at the same time. It is hard for any one person to realize fully this feature. During the forenoon of the second day we were told that eight different meetings were being held at one time. The number of the meetings was to some extent due to the division of the Public Health Association into five different sections.

It has been a question frequently discussed whether a congress composed of several societies is ever advisable in the interest of all the individual societies composing it. Many think that better work would be done with less confusion if the individual societies held their meetings separately. This may or may not be true, but we are probably all glad to have a big and going congress occasionally, say once in 5 or 7 years.

ONTARIO MEDICAL ASSOCIATION

The forty first annual meeting was successful in the highest degree, and such, we believe, is the universal verdict. The management was all that could be desired. The literary standard was high, and almost, if not quite, uniformly sustained in both the general and sectional sessions. The machinery, though complicated by the usual exigencies and accidents of large meetings, was well controlled by the General Secretary.

Niagara Falls, under favorable weather conditions, is perhaps the most beautiful spot in Canada in early summer. Nature was certainly kindly disposed on this occasion, and smiled on us almost continuously. The doctors of the Niagara district appear to have a special genius in their methodst of contributing to the comfort and pleasure of their visitors. We all love to go to meetings at Niagara Falls, and it might be well now to warn those kind and hospitable people that an invitation from them is never likely to be refused, and, in consequence, their

generous instincts should be kept within proper bounds, lest we should want to go and live there forever.

It gives us pleasure to note that Dr. Frank J. Farley was the unanimous choice of the association for the presidency. He is a worthy representative of eastern Ontario, from which there has been no president for some yars. He is a general practitioner of the highest type, and has done much to promote the organisation of medical societies in his section of the province. He is president of the Hastings County Medical Association, which largely, thanks to his efforts, is now a flourishing and useful organisation. We offer our congratulations to Dr. Frank Farley.

THE LONDON LANCET.

The London Lancet, after an existence of nearly a century, has now passed into the hands of medical publishers, Henry Frowde, Hodder and Stoughton, but with no change in editor or policy.

The journal was founded in 1822 by Thomas Wakley, a medical man of radical views in politics, who aroused animosity in the profession because he reported hospital lectures, a thing, in those days, considered objectionable. For the greater part of its career The Lancet was owned and edited by members of the Wakley family who were all qualified medical men, one of whom, Mr. Thomas Wakley, was a surgeon and also the last member of the family to edit the journal.

BANQUET TO DR. GROVES.

A complimentary banquet was tendered to Dr. A. Groves, of Fergus, Ont., on the evening of May 26th, in Fergus. Our genial friend, Hon. Dr. Jamieson, formerly speaker of the Ontario Legislature, was Chairman. There was a large attendance of local physicians, and also many from outside towns. Among these were: Dr. T. McMahon (who proposed the health of the guest), with Drs. T. Webster, Perry Goldsmith, and F. S. Burke, Toronto, Dr. John Wishart, London, and Dr. A. T. Hobbs, Guelph, (who proposed the toast, His Hospital), Hon. Hugh Guthrie and Hon. W. E. Raney, who replied to the toast to the Dominion and Ontario Governments, Col. J. J. Craig and Mr. Hartley Dewart, Leader of the Liberal Opposition in the Ontario Legislature, who responded to the toast to sister professions.

We have been told by Dr. Burke, a former student, that Dr. Groves has done, and is still doing, a large surgical practice, including 6000 appendectomies. Dr. Webster, of Toronto, informed us that Dr. Groves, although 74 years of age, is still active and full of energy, is still unable to confine himself to a walk, but always moves on the run, or half run, and that he has never taken a holiday, with the exception of an occasional visit to medical societies if that can be considered a holiday.

TORONTO GENERAL HOSPITAL

It was announced, June 25th. that the Toronto General Hospital had bought one hundred and fifty milligrams (3/20 gram.) of radium from the Radium Chemical Company, of Pittsburg, which will be delivered in Toronto in August. The Hospital has had an excellent X-ray equipment for many years and we are glad now that the radium equipment, which is certainly very urgently needed, will be added within a short time.

CORONERS APPOINTED

It was announced Juy 1st that the new system of holding coroners' inquests in Toronto went into effect that day. It is stated that under this new plan five coroners

will hold all the inquests. The names mentioned are: Drs. Geo. W. Graham, 255 Avenue Road; M. M. Crawford, 39 Roxborough St.; G. W. Glendenan, 417 Pacific Ave.; J. H. McConnell, 1053 Dundas St., and G. Sisley, 2 Main St. E.

ROYAL ALEXANDRIA HOSPITAL, FERGUS

This hospital has been in existence for about 20 years. There is, in connection with it, a training school for nurses. The graduation exercises for last year were held June 17th. when the following received their diplomas: Miss Francis Seller, Eden Grove, Miss Lottie Brigham, Allenford and Miss Bertha Henderson, of Kincardine.

We wish to draw especial attention to the May number of the American Journal of Surgery, which is a "Special Fracture Number." Among the outstanding articles are the following: "The Treatment of Fractures of the Humerus by Suspension and Traction," by Joseph A. Blake; "Fractures of the Head and Neck of the Radius," by J. M. Hitzrot; "Fractures of the Fingers and Toes," by Harry E. Mock; "Inter chanteric (Pertrochanteric) Fracture of the Femur," by Kellogg Speed; and "Standardized Treatment of Fractures of the Leg," by J. J. Moorhead.

Dr. James J. Frazer, of Kennedy St., Toronto, has been appointed District Officer of Health for District No. 2, in the place of Dr. R. E. Wodehouse, who resigned to become Secretary of the Canadian Association for the Prevention of Tuberculosis. Dr. Frazer served in the war as a medical officer in France and England. For some time after the war he was Chief Medical Officer of British Honduras. Dr. Frazer graduated M.B. from the University of Toronto in 1902, and soon after settled in Walkerton where he practised until the outbreak of the war.

The Manchester Guardian, one of England's greatest newspapers, completed one hundred years of existence, May 5th. It is interesting to note that the present editor, Mr. C. P. Scott, has served for fifty years.

TREATMENT OF APPARENTLY DROWNED PERSONS.

We desire again to give a resume of the Schafer method of artificial respiration:

Lay the person prone, face downward, with stomach resting on a barrel or roll of clothing so that the head will be lower than the rest of the body. Wrap the corner of a handkerchief about the forefinger and wipe out the mouth. Separate the jaws and keep them apart with something between the teeth,—cork, knot in a handkerchief, etc.

Then remove the article under the stomach, kneel by, or astride the patient, place hands over the lower ribs, lean forward and press for three seconds,—to count three seconds say "one thousand and one, one thousand and two, one thousand and three."

Relax pressure on ribs for two seconds.

Again press over ribs for three seconds, and go on with pressure and movements for some time.

THE BACTERIOLOGICAL AND CHEMICAL LABORATORIES.

The Bacteriological and Chemical Laboratories of the Provincial Board of Health which were formerly at 5 Queen's Park, have been removed to Spadina House (old Knox College), Spadina Ave. A continuous service will be maintained at these laboratories from 9 a.m. to 10 p.m., Saturdays, Sundays and holidays included. Telephone No. Coll. 5702.

The other laboratories of the Provincial Board are located at London, Kingston, Fort William, Sault Ste. Marie, and North Bay. In a few months additional ones will be in operation at Peterborough and Owen Sound.

ALEXANDRA PARK, OSHAWA.

At a meeting held in Oshawa, June 14th, Dr. T. E. Kaiser delivered an address, speaking in part as follows: "In a recent trip to several cities I have noticed among the best governed of them that every available vacant lot was utilised as a playground. Good clean athletic sports

should be encouraged as there is nothing else that would so materially develop our young manhood physically, mentally, and morally." He hoped that the citizens would fully appreciate the importance of improving the athletic field at Alexandra Park, Oshawa. Mr. Geo. McLaughlin was quite in accord with Dr. Kaiser, and offered to start a subscription list by giving himself $500.00. It was hoped that the town council would also contribute as well as several private individuals.

HAMILTON BOARD OF HEALTH

We have received from Dr. James Roberts, M.O.H., Hamilton, the annual report of the City Board of Health for the year 1920. It contains an account of the admirable work which was done during the year. It also gives thanks to the Board of Trade, Chamber of Commerce, Rotary Club, Independent Labor Party, and the Daughters of the Empire and to a large number of individuals who rendered valuable assistance during the year.

AMERICAN MEDICAL EDITORS' ASSOCIATION

The fifty-second annual convention of American editors was held in Boston June 6-8, with over 100 medical journals of Canada and the United States represented The following new officers were elected: Dr. Frank C. Lewis, of the International Journal of Surgery, New York; vice-presidents, Dr. F. H. McMechan, Ohio State Medical Journal, Avonlake, O., and Dr. D. S. Fairchild, Journal of the Iowa State Medical Society, Clinton, Ia.; secretary and treasurer, Dr. J. MacDonald, Jr., American Journal of Surgery, New York; executive committee, Dr. H. E. Lewis, Dr. H. S. Baketel and Dr. T. L. Stedman of New York and Dr. C. C. Taylor, of Philadelphia.

ONTARIO MEDICAL COUNCIL

The following officers have been elected by the Ontario Medical Council for the coming year: President, Dr. Fenton Argue, Ottawa; Vice-president, Dr. A. D. Stewart Fort William; Treasurer, Dr. Wilberforce Aikins, Toronto.

News Items

THE PREVENTION OF BLINDNESS

Following on the lines of Dr. Fitzgerald's address, Dr Walter Wright, of Toronto, expressed the opinion that there is a great deal of blindness, or partial blindness, in Canada which could have been prevented if proper care had been given to the young. He thought it important that both the public and the profession should realize that ordinary eye troubles should be treated in their initial stages. One of the eye defects referred to was that commonly known as squint or cross-eye, which affects one out of every hundred children. It most commonly comes between the ages of three and six, just before they come under the attention of public school doctors, and probably for this reason is too often neglected. The prevailing impression that, if left alone, the cross-eye will correct itself, is wrong.

But the trouble can be cured if the child gets into proper hands early enough. Proper medical treatment with the use of glasses and sometimes operation will correct the defect and restore normal sight. Therefore, he hoped that the children with this complaint would have greater care in the future. Fully seventy-five per cent. of these troubles start at or about the age of four.

TORONTO GENERAL HOSPITAL

The resignation of Sir Joseph Flavelle as Chairman of the Board has been accepted and Mr. C. S. Blackwell has been elected in his place. Dr. D. Bruce Macdonald has been elected Vice-President, in the place of Mr. P. C. Larkin, resigned. Mr. Thomas Bradshaw and Mr. C. B. McNaught have been appointed to the Board as representing the Ontario Government. Mr. George A. Morrow has been elected by the benefactors of the hospital to take the place of Mr. Rundle, resigned.

PRACTICAL HYGIENE

In a recent editorial in the New York Medical Journal, the writer uses the term "New Hygiene," and speaks of the human organism as a "collection of habits," such as the production of germ cells and the process of development. The business of feeding, sleeping, getting about, etc., are habits which become more and more fixed with years.

He says the new method of teaching hygiene is based on the early establishment of healthy habits. The fundamental habits for health are not numerous and are not difficult to establish.

The writer concludes his articles as follows: "The results of medical inspection of public schools have made clear the effect of bad habits of the child. The paediatrist and the family physician are the most important teachers of hygiene. The welfare of the nation will depend to a large extent on the skill of these workers in properly starting the human machine."

PUBLIC HEALTH IN BELLEVILLE.

A Public Health Association has been formed in Belleville with Major R. D. Ponton as President. At the meeting for organization, Dr. George Clinton stated that last year fifty-seven babies under one year had died in Belleville, half of whom could probably have been saved, had there been a Public Health nurse in the city. He favored a Public Health nurse in addition to Miss Sinclair, school nurse, and Miss Smith, social worker, both of whom had all they could do now.

TORONTO ACADEMY OF MEDICINE

The following officers were elected at the 14th annual meeting: President, Dr. R. T. Noble; Vice-President, Dr. W. H. Harris; Secretary, Dr. F. C. Harrison; Treasurer, J. H. McConnell; Members of the Council, Drs. J. T. Fotheringham, H. B. Anderson, J. H. McPhedran, A. A. MacDonald, E. E. King, G. S. Young, N. A. Powell. The following were elected as Chairman of sections: Medicine, Dr. R. W. Mann; Surgery, Dr. M. H. V. Cameron; Path-

ology, Dr. Norman Gwynn; Ophthalmology and Oto-laryngology, Dr. Perry Goldsmith; Paediatrics, Dr. Arthur Goulding; Obstetrics, and Gynaecology, Dr. C. J. Currie; State Medicine, Dr. John T. Fair.

WESTERN UNIVERSITY.

We are pleased to know that the Public Health course, in the Western University, London, during last session, was a complete success. We are especially interested in the work of the Institute of Health. Its general work consists of both laboratory work and teaching and the work in the laboratory goes on all the year round. The Institute acts as a branch laboratory of the Provincial Board of Health. We desire to congratulate the Western University on the marked success of its work in matters pertaining to Public Health during the last eight years.

FAITH CURES

We are still hearing wonderful stories as to the miracles performed by Evangelist Bosworth. We hesitate to tell the stories unless we are assured they are correct but the great evangelist vouches for the correctness of this incident and tells the story himself.

"I visited a woman violently insane and I commanded the devils to come out of her and the devils said, through her lips, "We will not come out." Then I commanded them in the name of the Holy Ghost to come out and they did come out."

It is thought by many that it would be well to induce this great Bosworth to go over to Ireland and visit the leading Sinn Feiners.

SPECIAL GRADUATE COURSES.

Special Graduate course in the University of Toronto given this year have been, we are told, successful. They were (1) Medicine and Surgery, (2) Obstetrics and Gynecology, (3) Ophthalmology, and (4) Paediatrics.

Personal

Dr. H. M. Little, of Montreal, was in Toronto June 18th.

Dr. Duncan McLellan returned to Toronto after his Mediterranean trip, June 4th.

Dr. Clarence L. Starr has been appointed Professor of Surgery in the University of Toronto.

Dr. Harley Smith, of Toronto, returned to his home June 21st, after his visit to England and France.

Dr. George D. Porter has been appointed special lecturer on health education in the University of Toronto.

Dr. Irving H. Cameron of Toronto, sailed for England May 21, and will probably return to Canada in September.

Dr. C. Hodgetts, of Ottawa, has been appointed Director General of the Canadian Branch of the St. John Ambulance Association.

Dr. Edith Gordon has been appointed medical adviser for the women students during the next session of the University of Toronto.

Dr. Crawford R. McCullough, of Fort William, Ont., was elected President of the International Association of Rotary Clubs, held in Edinburgh early in June.

Dr. Charles J. Hastings, M.O.H., had quite recovered from his recent attack of influenza and bronchial pneumonia, and resumed control in his office, June 20th.

We are informed by Dr. Stanley Ryerson that a special post-graduate course in Paediatrics will be given in the Medical Faculty of University of Toronto during the month of July.

Dr. Allan Baines returned to his home in Toronto during the latter part of April after spending the winter in Jamaica. He was suffering from the fatigue of his journey for a short time after his arrival but latest reports indicate that his physical condition is greatly improved.

Dr. Charles E. Fenwick, of Niagara Falls, Ont., was married to Miss Jacqueline McCullough, daughter of Dr. John W. S. McCullough, Chief Officer of Health for Ontario, in Toronto, June 8th. Dr. Fenwick is practising in Niagara Falls in partnership with Dr. (Col.) W. F. E. Wilson.

Obituary

ARTHUR JUKES JOHNSON, M.D., M.R.C.S.

Dr. Arthur Johnson, of Toronto, died at his home, after an illness of several months, from car cinoma of the stomach, aged 73. He graduated M.D., from the University of Toronto, in 1870, after which he did post graduate work mostly in England, where he spent one year on the house staff of St. Thomas's Hospital, London. While there he received the qualification M.R.C.S., Eng. He returned to Canada early in 1873 and commenced practice in that part of Toronto which was then known as Yorkville. In his early boyhood and student days he was closely associated with William Osler, first at Trinity College School for boys (founded by Rev. Mr. Johnson, Dr. Arthur's father), which at that time was located in Weston. When he and Osler became medical students they both, for a time, looked through the same microscope, which belonged to that remarkable man, Dr. Bovell, who procured the microscope and learned how to use it (perhaps never in a very skilful way, but certainly with earnest efforts) after he was 50 years of age.

When Dr. Johnson settled in Yorkville he was very closely associated with Dr. Filbrick, being practically, if not actually, in partnership, and also, to a lesser extent, with Dr. Hodder. He soon acquired a large practice as well as a high standing in the profession. He was for a time lecturer on Microscopy and Surgical Anatomy in Trinity Medical College. He was also Pathologist to the Toronto General Hospital for some time. Before long he specialized in medical jurisprudence and was, for many years, recognized as the leading medico-legal expert and the ablest coroner in Ontario. His wonderful kindness to his brother practitioners, the valuable assistance he rendered them in their medico-legal difficulties, and the kindly encouragement he gave to the younger men, when called on to give evidence or hold inquests, endeared him to the profession generally, and raised him greatly in the estimation of the public, the individual members of which fully appreciate his high character and great ability.

His social qualities and abilities as an entertainer were unique, while in addition his genial manners and goodness of heart made him exceedingly popular and dearly beloved by all his intimate acquaintances. Arthur Jukes was one of the best, and we will miss him more than we can tell.

HERBERT S. GRIFFIN, B.A., M.D.

We have to announce, with deep regret, the death of one of the ablest and best-known physicians of Ontario, Dr. Herbert Griffin, of Hamilton, which occurred at his home, June 28th, aged 66. He graduated B.A. in 1874 and M.B. in 1877 from University of Toronto, with high honours in both courses. He did post-graduate work first, in Columbia University, New York, and afterwards, London, Edinburgh, Paris and Vienna.

On his return to Canada he commenced practice in Hamilton. He soon achieved success and was generally recognized as one of Hamilton's best citizens and ablest physicians. Dr. Griffin had a very charming personality and was much beloved by his patients and intimate friends.

RICHARD COLLIER COATSWORTH

Dr. R. C. Coatsworth, 296 Parliament St., Toronto, died at the Toronto General Hospital, June 14th, from complications following an operation for appendicitis, aged 65. Dr. Coatsworth graduated, M.D., from Trinity University, 1885, and after post graduate work in London and Edinburgh he commenced practice in Toronto and afterwards was continuously in practice until he was attacked by appendicitis a few weeks ago.

N. N. BLANCHARD, M.D.

Dr. N. Blanchard, who practised for some years in a village near Brantford, died at the Wellesley Hospital, Toronto, June 9th. He graduated M.D. in 1904, after which he went to London and Edinburgh and became F.R.C.S., Edin.

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WM. S. DAKIN, M.A., M.D.

Dr. W. S. Dakin, a well known and very promising physician of Galt, died June 2nd. He was a fine big healthy man in active work until May 30th. He became unconscious May 31st, and was removed to the General Hospital. On June 1st sleeping sickness was diagnosed, and death came June 2nd. He graduated B.A., 1890, M.A., 1901, and M.B., 1902, from the University of Toronto. He was 43 years of age, had a large practice, and also took a keen interest in municipal affairs. He was a member of the council for some years, and mayor one year.

HENRY H. SUTTON, M.B.

Dr. H. H. Sutton, of Madoc, was seriously burned through a fire which occurred in his bedroom, May 23rd, and he was moved at once to the General Hospital in Belleville, where he died the same night, aged 84. He served in the American Civil War as an Army Surgeon from 1861 to 1865, graduated M.B., from Toronto University in 1866, and soon afterward commenced practice in Madoc.

WM. LYON HARCOURT, M.D.

Dr. W. L. Harcourt, brother of Hon. Richard Harcourt, ex-Minister of Education for Ontario, died May 27th, aged 75, at Los Angeles, Cal., where he had been residing for 5 years. After graduating he practised for a time in Hamilton and served with the York Rifles in the Fenian Raid. He removed to Brandon in 1895, and remained in practice there until 1916.

RAMSAY RANKIN, M.D.

Dr. R. Rankin, of Stratford, died in Montreal from injuries received in an accident, June 1st. He was a son of Dr. J. P. Rankin, formerly member of Parliament for one of the Perths. He was a McGill graduate and did service overseas in the war. He was a great athlete and one of the best players of hockey and football in Canada.

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JAMES FRANCES MEEK, M.D.

Dr. J. F. Meek, an eye specialist, of Norwalk, Conn., and formerly a Canadian, died at his home, May 29th, from apoplexy, aged 73. Dr. Meek was one of the organisers and the first president of the Canadian Society of New York.

JOHN B. MARTYN, M.D.

Dr. J. B. Martyn, of Alvinston, died at his home after a few days' illness, from pneumonia, June 3rd, aged 53. He graduated M.D. from Trinity University in 1891, and represented East Lambton in the Ontario Legislature from 1914 to 1919.

WILLIAM GILES, M.D.

Dr. W. Giles died at his residence in Toronto, June 19th, aged 62. He graduated, M.D., from Trinity University, in 1896, practised in Haliburton until 1912, when he removed to Toronto.

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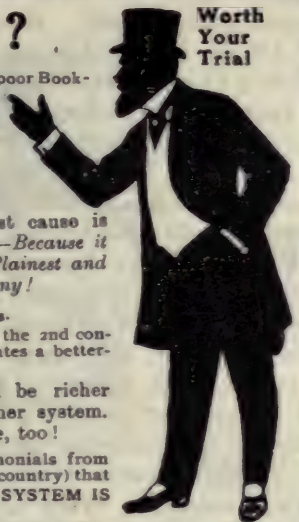

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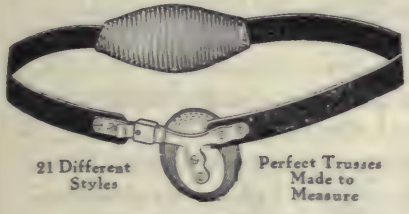

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Dalhousie University. Doctor of Medicine and Master of Surgery:—Patterson, Mabel Gladys, Dartmouth; Acker, Thomas Burns, Halifax; Archibald, Bruce Corbett, Glace Bay, N.S.; Bagnall, Percy Ormiston, Glace Bay, N.S.; Campbell, Alexander Brown, Inverness; Coulter, William Busby, Halifax; Dickson, Henry Spencer, Louisburg, N.S.; Elliot, Henry Charles Schomberg, Halifax; Fitzpatrick, William Patrick Stephen, Auburnville, N.B.; Hoare, Daniel William, Truro, N.S.; LeBlanc, Leo John, Margaree Forks, N.S.; McKiggan, John, McNab's Cove, Rich. Co.; Morrison, George Wendell, Hastings, Barbados, B.W.I.; Ross, Hugh Raymond, Sydney, N.S.

Western University:—Colvin, Walter Graham; Duffin, Grant Wilfred; Henry, Sebert Guest; Johnston, Kennon Harry; McGeoch, James Reginald; McInnis, Elmore Leonce; Paterson, Peter Wilfred; Peever, Manley Guest; Simpson, George Victor; Wallace, John Henry; Waud, Russell Amos.

McGill University:—Aarons, Morton Joseph, Syracuse N.Y.; Almond, Walter Wesley, Altario, Alta.; Armour, John Campbell, Perth, Ont.; Beamish, Oswald Foster, Ottawa, Ont.; Bell, Everett Aard, Tryon, P.E.I.; Bernstein, Felix, Montreal, Que.; Bristol, John LeVarrie, Grenada, B.W.I.; Caldwell, Alexander Lorne, Loverne, Sask.; Candlish, Henry Maiben, Outremont, Que.; Cassidy, Gordon James, Montreal, Que.; Chandler, Edward Bremner, Moncton, N.B.; Cooder, Howard Russell, Montreal, Que.;

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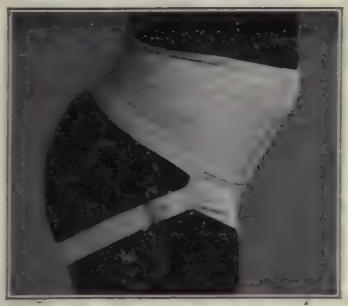

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Original Communications

ANAESTHESIA—IT'S PLACE IN MEDICINE

By John J. Buettner M.D. Associate Professor of Anaesthesia, Syracuse Medical School.

The success of an individual in his chosen field is commensurate with his enthusiasm in that particular field. If he loves his work, he will succeed. Yea, he will fight for its success. That, in a measure, is the attitude of the expert anaesthetist to-day. While he has considerable to be proud of in the present day status and its possibilities there is still a great pang of injured pride in his system. We are on the eve of celebrating the diamond jubilee of Dr. W. T. G. Morton's first successful ether anaesthetic, and the anaesthetists of the country are very proud of the fact that Dr. Morton has been elected to the Hall of Fame. Several new societies of anaesthesia have been formed in the United States and Canada; we have our anaesthetic supplement of Medical Journal, and we shall soon have our second year book of anaesthesia and analgesia. There has recently been a symposium on Anaesthesia in the Surgical Section of the New York State Medical Society, and we are now gathered here for another anaesthetic treat. A great feast awaits us in Boston, where the A.A.A., meets with the A.M.A. There will be a symposium in anaesthesia in the section on obstetrics and gynaecology. Best of all, we are to be accorded a section under the heading of Miscellaneous Topics. All this, of necessity, must give rise to a stage of exhilaration and excitement and is convincing evidence that anaesthesia is very much alive, that its vapors have had no lethal effect upon its enthusiasts.

Some medical colleges have created professorships in anaesthesia, which is a further recognition of its importance.

In spite of all this convincing evidence, we are confronted by the arguments of several who favor non-medical anaesthetists. The arguments are varied. Some claim there are not sufficient medical men who devote their time to anaesthesia. This is true to some extent, but has been made true by the fact that neither due recognition nor compensation has been given by the surgeon or operator to the specialty. On the other hand, we often find that the anaesthetist will not fight for his rights. Some surgeons argue that inasmuch as they are responsible for the acts of their assistants, they do not see why they can not pick the anaesthetist they want. This is also true, but the surgeon minimizes his liability by employing a trained anaesthetist. The surgeon is thus able to devote his entire attention to the patient, rather than dividing his attention between the patient and he anaeshetist. A question was recently raised at an anaesthetic meeting and it might be well to discuss the subject in other anaesthetic sessions. Shall the Medical Practice Act Be so Amended That The Anaesthetist is Responsible For His Part of The Surgical Operation, Rather Than The Present Ruling Wherein The Surgeon Assumes Full Liability? Would not our standing be enhanced under such a ruling? I would like to hear a discussion on this phase.

Many hospitals and surgeons commercialize anaesthesia by employing non-medical anaesthetists. It is really appalling to read some of the arguments of those who can not see that anaesthesia is a really important special branch of medicine. The absurdity of their arguments is shown when they say that anaesthesia is a routine procedure and that even a lay man could administer the same. What a pity that these men never had a trained anaesthetist! When we read of the arguments of local versus general anaesthesia it certainly is to laugh. Some local anaesthetic enthusiasts, however, have been frank in admitting that they perfected local anaesthetic technique because they were unable to procure a competent anaesthetist. Other local enthusiasts tell of the horrors of the general anaesthetic. If the art of anaesthesia is properly practiced, these conditions would not exist. But the mistake is made in judging the work of the untrained anaes-

thetist rather than that of the trained man. How true that saying, "To give an anaesthetic is one thing, to practice the art of anaesthesia, another."

No doubt you have all heard certain medical men assert that "any one can give an anaesthetic," yet you all wonder why these same individuals are most particular in selecting the anaesthetist for themselves or their family, yes even their intimate friends. This surely is convincing proof that it does matter who gives the anaesthetic.

Is the surgeon aware of the fact that if anaesthesia had been continued as was the custom, with no research work, no improvement of apparatus or anaesthetic agents, that surgery would not have attained its present high place I doubt if any research work on anaesthetic problems was ever undertaken at the request of a non-medical anaesthetist. There is no denying the fact that the anaesthetist, who, acting as a consultant and a member of the surgical team, properly prepares a patient for operation and chooses the time of the operation as well as the anaesthetic agent and method best suited for that patient, does more to safeguard the life of the patient than does the surgeon.

If the surgeon will bear in mind that the patient is, in reality, the only one he is to consider, and that to do justice to that patient, he must not alone do his best work, but he must surround himself with the best assistants possible or he will fall short of his real duty. The anaesthetist is willing to do his work, and in return, he asks recognition and due compensation for services rendered.

In closing, I would like to ask for the proper recognition of anaesthesia by having the medical colleges lay greater stress on the subject, by having greater co-operation on the part of the surgeon and by having such legislation as will properly define the status of anaesthesia and the full enforcement of that status.

Editorials

THE BRITISH MINISTRY OF HEALTH.

Our correspondent in London, England, gave us much interesting information regarding the British Ministry of Health, which we published in our March issue. Dr. Addison had charge of a bill regarding the Health Department, which elicited much discussion in the Imperial Parliament last winter. Strong objections were raised to certain features in the bill. However, it was finally passed by the Commons but, greatly to the surprise of a large portion of the community, both lay and professional, it was rejected by the House of Lords. "The Spectator," approved the rejection of Dr. Addison's handiwork with satisfaction "because the bill would have necessitated a wastefulness on a very large scale."

We have a great respect for Dr. Addison and heard of the action of the House of Lords with much regret. However, we afterwards learned that Dr. Addison's bill would have been practically unworkable. But that has not altered our opinion as to the great ability of Dr. Addison and we were much pleased when Mr. Lloyd George spoke vigorously in his defence in the House of Commons, June 23rd. He especially eulogized Dr. Addison's services during the war in the Ministry of Munitions, where he set up a costing system and saved the country £90,000,000 on the cost of shells alone. He said, "It is unfair to blame Dr. Addison for spending money on health problems."

THE COST AND VALUE OF PREVENTIVE MEDICINE.

Last year Great Britain expended on medical services for the poor, medical benefits, for infectious diseases, for asylums, for tuberculosis, for maternity and child welfare, for aid to hospitals and to societies aiding the sick, a grand total of about $200,000,000. Much of this was spent in the prevention of disease.

The public has wakened up to the idea that a few thousand dollars spent in securing a pure water supply is better than to have to care for a score of cases of typhoid fever with possibly one or two deaths. It is preferable to

erect a suitable isolation hospital than to have the community continuously overrun with scarlet fever, smallpox and diphtheria.

But the greatest care must be exercised by the authorities to prevent imposition on the public funds. If nurses and doctors can be obtained for the asking, there is a powerful incentive put in the way of many people to obtain for nothing what they are able to pay for. In our Canadian cities, and, particularly in Toronto, this should be closely watched. There is grave risk of abuse.

OPTOMETRY.

While there were many very excellent features in Mr. Justice Hodgins' report on Medical Practice and Education in Ontario, it was felt that he had made a mistake in recommending legal recognition for optometry. It was also a regrettable mistake when the Ontario Legislature passed an act embodying the views in Justice Hodgins' report.

But, now that the mistake has been made, the only safe and proper course is to insist that the training of all who wish to practise optometry be of such a character as to insure adequate protection to the people.

A few days ago there appeared a discussion in the lay press, wherein two optometries were trying to show that the course given at the Technical School in Toronto was too severe and advanced. To this the principal of the school, Dr. A. C. McKay, very properly made answer that his aim was to raise the standard of optometry to such a level as would command public confidence. With this we thoroughly concur.

We would urge upon the attention of the Ontario Government and Legislature to grant no further charters or legal recognitions to any cult until the whole subject of medical education and practice has been fully considered. Dividing up the right to practise into a variety subdivisions, such as optometry, osteopathy, midwifery, chiropractic, etc., would be most unfortunate, and put back the hands of progress for many a long year to come.

THE ROCKEFELLER GIFT

The Rockefeller Foundation has decided to give $5,000,000 to aid medical education in Canada. Of this sum, $3,000,000 are being paid over now to the Canadian Medical Colleges. This sum is in aid of medical research, and is accompanied by the statement that Canada needs three hundred medical graduates each year.

Canada is doing this and more. The eight medical colleges in Canada are graduating more than three hundred each year. There is one medical college in the maritime province, namely, the one at Halifax in connection with Dalhousie University. There are three in Quebec, namely, McGill Medical College, and the Montreal and Quebec departments of Laval Medical College. There are three in Ontario, namely, those in connection with the Toronto University, Queen's in Kingston, and the Western in London. For the four western provinces there is only the medical college in Winnipeg.

According to the statement coming from the Rockefeller Foundation, there is one medical college in the United States to every 1,250,000 of the population, and one in Canada to each 900,000 persons. At this rate there should be more than one medical college for the four western provinces with a total population of over 2,000,000. This fact should be borne in mind by the trustees of the Rockefeller Foundation, and do generously by the western provinces. We do not think that the large and powerful University of Toronto and McGill should receive too large a portion of the money sent to Canada.

It is well to note that $2,000,000 are held back for future distribution. We would press the claims of the newer and less wealthy provinces to a full consideration of their claims. If the fund is to aid in research and raise the standard of medical education, then the people of the West should come in for a liberal share. The concensus of Canadian opinion would endorse this.

CORONERS AND THEIR DUTIES

A short time ago, a commission appointed by the Ontario Government reported upon the subject of coroners, their duties, their mode of appointment, and who should

be called upon to discharge the important duties coming under the direction of coroners. One of the topics that was somewhat fully considered was that of assigning to magistrates the duties that have hitherto been discharged by medical coroners.

We are opposed to such a change. We do not think that the magistrates of Ontario, or any other province, are as well qualified as members of the medical profession for the position of coroner. It is well known that the cases coming before a coroner are of a medical character, such as suicide, murder, sudden death, drowning, poisoning, violent death, etc. It would be impossible to find any one in the community better qualified by training and experience than the medical practitioner to conduct investigations into such cases.

Then there is the historical side to the question. The medical coroner has been long in vogue, and has given the very best of results. Of all the courts in the land, it is very seldom, indeed, that one hears of complaints regarding coroners and coroners' juries'. Their work is expeditious, fair, and inexpensive.

It has been announced through the public press that Dr. George W. Graham has been appointed to the office of Chief Coroner for Toronto, made vacant by the death of the late Dr. A. J. Johnson. We do not object to the appointment of Dr. Graham, if the office of Chief Coroner is to be continued.

But we object to the office as unnecessary. It is possible to find a valid reason for such an officer for Toronto, when there is no such officer required for Ottawa, Hamilton, London, or Kingston. Deaths in Toronto do not differ from deaths in these places, nor does the office of Coroner. If these other cities can get along without a Chief Coroner, so can Toronto. All these luxuries cost money, which the people must furnish.

HEALTH EDUCATION

Benjamin Franklin once said that the best place to invest one's money was in his head, as it could not be stolen from there, and it was sure to yield good dividends. This may prove true with regard to the efforts to educate

the public in matters of health. From the press despatches we learn that "The first health train to operate in Canada left Montreal on 7th August for a month's tour of the Province of Quebec."

This Health Special is the latest effort of the Montreal branch of the Child Welfare Association to stir the people to make attempt to cope with the heavy mortality among young children. The train is to visit all important centres throughout Quebec.

This is a movement in the right direction. The way is long and tedious by precept, but it is brief and effective by example. Get among the people and show them the facts, how to deal with the question of child welfare and good will result. Seeing is believing. When people have the knowledge, they can act; but until they have the knowledge, it may be assumed they will not act.

TORONTO ALUMNI INCORPORATION

An interesting item appeared in the daily press recently to the effect that "the directors of the Alumni Association of the University of Toronto had secured a charter under the Ontario Companies' Act granting incorporation to them and to others who may become subscribers to the agreement."

The details are not yet fully made public. It is stated that the annual fee is to be three dollars. It is, also, stated that the new corporation shall administer all the funds controlled by the former Alumni Association, and shall also direct and control all the projects of the Alumni.

Such an incorporation of the graduates may prove beneficial, if it is operated along altruistic lines. But the danger of its falling speedily into the hands of the manipulators and University politician and exploiter is very grave. Should this prove to be the case, the new Alumni Association may turn out to be a veritable curse to the University. In the past there have been too many instances of groups trying to control University affairs for their own selfish ends.

TRUST COMPANIES

Recent legislation regarding trust companies and their relations to the public, is important. The regulations as to government inspection are made more stringent and the rules governing deposits are much improved.

The following particulars as to these rules were given to us by Mr. Lang, of the Union Trust Company:

A trust company may receive deposits bearing interest and hold the same as trustee for the depositor. Trustee securities or cash shall be definitely set aside to guarantee repayment. There is a difference between the relation of a bank and of a trust company, to depositors.

This legislation marks a forward step in trust company development. There has never been a trust company failure in Ontario, a fact that is not generally known, and one might prophesy with reasonable safety that there will be no failure in the future.

PHYSICIANS AND ALCOHOL

A resolution declaring that physicians and surgeons should have the absolute right of prescribing alcohol without any "foolish restrictions" under prohibition enforcement has been adopted by the American Therapeutic Society at the annual meeting held in Washington last June. At the last meeting of the American Medical Editors' Association held in New York the following resolution was passed:

Whereas:—The medical restrictions of the Volstead Act, together with its various administrative and other interpretations and rules and regulations and enforcements, etc., constitute in some of their effects, indictment of the medical profession and harrassment of the medical practitioner and the sick, and are obstacles to free pursuit of honest medical judgement and therapeutics, and have reacted to the detriment of society and the public health and are opposed to public policy:—

And Whereas:— Some of these restrictions and rules and regulations and interpretations, etc., are not based upon concensus of medical experience and practice and established usuage;—

And Whereas:—It is apparent that they have not been framed and interpreted and adminstered with full appreciation of all matters involved:—

And Whereas:—The precedent established by the Volstead Act in restricting medical practice, should, if physicians value their therapeutic liberty, be met with a protest that will command attention.

And Whereas:—The point at issue is the right of the physician to select his remedies, and to decide what doses of these remedies each patient requires:—

And Whereas:—This issue in no wise affects and has nothing to do with propaganda either for or against prohibition, but is purely a matter of preserving the necessary rights of the physician in the interests of public health and public policy:—

Be It Therefore Resolved:—That the American Medical Editors' Association protests against further undue regulation of therapeutic procedure by statutes or by administrative interpretation or regulation:—

And Be It Resolved:—That the Association requests of the proper authorities a review and revision of such existing statutes or rules or regulations as may be unduly restrictive of the therapeutic judgement and procedure of physicians:—

We ask this for the preservation of the necessary rights of the medical profession and in the name of public welfare and wise public policy.

THE GOOD ROADS PROBLEM

We are pleased to express a strong opinion in favor of the "Good Roads" policy of Hon. Mr. Biggs. In speaking of his policy recently as to road-building, he explained that there were three essentials, as had been once declared by Hon. Mr. Campbell at Ottawa. The first was drainage, the second, drainage, and the third, drainage. When the Government took over the provincial highway they found no drainage, no culverts, no base.

Mr. Biggs' desire was to have thorough drainage, then build solid roads from the bottom upwards. He considered that good roads helped business, social intercourse and education. From a hygienic standpoint, we believe Mr. Biggs is right, particularly through the good effects of draining marshes and, also, of preventing dust, as far as such prevention is possible. We believe that the former Governments, including the Departments of Health, did not pay sufficient attention to the health and social benefits derived from good roads.

We have nothing to do with the political aspects of the question but we desire to do all we can to encourage Mr. Biggs in his good work. It is said that he has been extravagant and has spent more money than he shoud in his own county. In reply to that, he states that since 1918 to the first of June nearly twice as much money had been spent on road construction in Leeds and Grenville (Mr. Ferguson's constituency) as in Wentworth (Mr. Biggs' constituency.)

The Bradford Expositor gives Mr. Biggs much credit. It says he has been "courageous enough to tackle a big job and has already done more to give the province good roads than all the previous administrators of his Department together."

ANAESTHESIA SINGULARLY HONOURED

The greatest honour and distinction recently paid the specialty of anaesthesia and the specialists in anaesthesia has been the visit of Dr. H. Edmund G. Boyle, O.B.E., M. R.C.S., of London, England, as Official Representative of the Royal Society of Medicine to the Joint Meeting of the Canadian, Interstate and New York Anaesthetists with the Ontario Medical Association at Niagara Falls and to the Joint Meeting of the American Anaesthetists with the American Medical Association at Boston.

Dr. Boyle is Anaesthetist to and Lecturer on Anaesthesia at St. Bartholomews Hospital, London. He proved to be not only a very splendid and delightful type of the English gentleman but also a very worthy descendant in that long line of pre-eminent anaesthetists founded by John Snow.

The most important message which Dr. Boyle brought to the several meetings was that about the new anaesthetic ethanesal, recently developed by one of his associates at St. Bartholomews,—Dr. R. L. Mackenzie Wallis, a noted chemist of London. During the war, Dr. Wallis was in service in India and his efforts to provide the medical service with a purified and improved ether resulted in the development of ethanesal.

According to Dr. Boyle, ethanesal is a compound of ketones in which carbon dioxide, ethylene and other gases are united. This ketone complex is dissolved in pure ether to the extent of from 2 to 5 per cent. The purification is a necessary preliminary and this is carried out in two stages, (1) Oxidation of aldehydes and mercaptans by finely divided permanganate. (2) Removal of acids, peroxides and water by means of anhydrous copper sulphate.

By distillation in a special reflux condenser a remarkably pure ether is obtained. This purified product with a constant boiling point possesses peculiar properties: (1) It is not anaesthetic except in very large quantities. (2)) It is a cerebral excitant and persons working with it get hilariously drunk.

To this pure ether the ketone is added and at once its properties are changed: (1) It becomes a safe and reliable anaesthetic. (2) Its action on the circulatory system lies between that of chloroform and ether. (3) All the irritat-

ing effects usually observed with ordinary anaesthetic ethers are now lost. (4) Analgesia can be maintained for a prolonged period. (5) Ethanesal is practically non-toxic. Large doses given to animals do not kill them. Rabbits, after having been anaesthetized for several hours have to be pithed in order to kill them. Children have been given repeated anaesthesias with ethanesal with no harmful effects. (6) It does not produce either glycosuria or ketosis and does not aggravate these conditions when present. (7) In animals it is without effect on blood pressure or respiration.

The ketone complex is the agent responsible for all the anaesthetic action and is non-toxic in the amount used in the anaesthetic ethanesal. This pure compound ketone has been isolated and belongs to the middle of the series of ketones. Many hypnotics and analgesics owe their specific action to the ketones they contain.

In finding this ketone complex in good ordinary anaesthetic ether, removing the impurities in the latter, which cause all the irritating effects, and putting back the anaesthetic compound, it would appear that a new paragraph in anaesthesia had been opened up. Ketones are not easily oxidized and so remain even in very bad samples of ordinary anaesthetic ether and still exert an anaesthetic action, although this is accompanied by all the usual irritating effects.

Some of the higher grades of anaesthetic ether have very little anaesthetic action because of the deficiency the ketone complex. The possibilities of the new compound seem unlimited. If the ketone complex is used in a proportion above 5 per cent., anaesthesia is very deep and consciousness is only slowly regained.

No unpleasant taste or smell follows its administration and the material itself is practically odorless, tasteless and non-toxic. Hence its value for children and old people and also in acute cases.

Further experiments are to be conducted to eliminate entirely the necessity of using ether as a vehicle and to substitute an entirely innocuous volatile vehicle instead.

Dr. Boyle is also known in London as one of the pioneers in introducing and popularizing nitrous oxide—oxygen anaesthesia. He used this with great success and infinite satisfaction to patients at the First London War

Hospital and at Queen Alexandra's Hospital for Officers at Highgate. On the service of Sir H. B. Patterson, Dr. Boyle was able to practically eliminate post-operative pneumonias by this method of anaesthesia and they were among the most serious complications of war surgery.

Dr. Boyle presented his views on and his experiences with nitrous oxide-oygen anaesthesia and its combinations to the Canadian, New York and Interstate Anaesthetists, as well as to the Nose and Throat Section of the Ontario Medical Association and also before the overflow meeting of the Anaesthesia Session of the Section of Miscellaneous Session of the Section of Miscellaneous Topics of the American Medical Association.

During the Annual Dinner of the American Anaesthetists as well as during the banquet of the Ontario Medical Association, Dr. Boyle took occasion to express his surprise that non-medical persons were still used to give anaesthetics and he denounced the exploitation of nurses giving anaesthetics as "sweated labour." The use of nursing anaesthesia had come up for consideration in England after the war, but all concerned with public welfare had decided that no person should administer an anaesthetic not qualified to practice medicine and surgery.

Dr. Boyle was also a guest at the dinner of the American Medical Editors Association in Boston, and in his after-dinner talk he made a stirring plea to the editors present for support in the medical and dental press in behalf of the advancement of the science, practice and organization of anaesthesia as a specialty. He also urged the dental and medical schools to give far more attention than heretofore to their courses in anaesthesia. He alluded to the fact that the Royal Society of Medicine, whose Official Representative he was, had recognized anaesthesia as a section and he expressed the hope that the American Association would presently take similar steps.

Dr. Boyle was accompanied by his charming wife and during their visit they were house guests of friends and anaesthetists in New York City, Long Island, Rochester, Toronto and Montreal.

THE PHYSICAL CULTURE MAGAZINE

We have been asked certain questions about this magazine because of circular letters recently recived by physicians in Ontario. Controllers of this magazine have frequently got into trouble on account of certain "slanderous misstatements regarding highly respected Canadian citizens," one of them being Dr. Algernon Temple, of Toronto. The publication was prohibited in 1904 from circulation in Canadian mails, and the prohibition was only withdrawn after the publisher gave promise of amendment

The number for December, 1906 contained a questionable article, and the Post Office again imposed its ban. After an apology from the publisher and a statement that he would sin no more in the same direction, the Post Office again removed the prohibition.

Personal

Dr. L. K. Frankel, former president of A.P.H.A., has been appointed head of the Welfare Department of the U. S. Postal Service.

Dr. A. W. Freeman, formerly Health Commissioner of Ohio, has been appointed lecturer in Public Health Administration in the place of Sir Arthur Newsholme, who has resigned and returned to England.

Dr. Livingston Farrand has been elected president of Cornell University in the place of Dr. J. G. Schurman, resigned.

Abstracts

Cancer of the Tongue: Report of a Clinic of Professor Delbet; Progres Medical, April 30, 1921.

This is a consideration of cancerous lesions of the tongue and their treatment, suggested by the case of a patient with a rapidly developing cancer of the tongue. Leukoplakia is described as a definite pre-cancerous condition, and its connection with syphilis is emphasised. He states that the invasion of glands is very early, and may occur before the lesion appears on the tongue. Shooting pains in the region of the ear are very characteristic of this condition. There are two types of epithelioma of the tongue: squamous-celled and basal-celled.

Injections of Saccharose; Lo Monacho, The Medical Press, May 4, 1921.

The subsequent effect of injections of saccharose on secretory processes is, in small doses, to increase the quantity, in large doses to decrease the quantity, of secretion. These effects may be felt (1) on glandular epithelioma, and (2) on blood vessels. In operative haemorrhages compresses soaked in 50% solutions of saccharose are applied to the field of operation. They bring about immediate cessation of bleeding. Purulent discharge from wounds is also materially lessened by similar applications. This principle suggested the use of saccharine injections on tuberculosis soldiers at the front. The result was a decrease, and later a stopping of the quantity of sputa ejected, such decrease being accompanied by a corrsponding improvement in the other symptoms of the disease. The inconvenience of the treatments lies in the fact that they produce pain, especially in emaciated patients, and that sometimes a fever is produced. The writer sounds a warning to patients to the effect that this treatment should never be administered by any but most skilful physicians.

The Constituents of Chaulmoogra Oil Effective in Leprosy: McDonald and Dean, J.A.M.A., May 28, 1921.

Results of treatment of 188 cases of leprosy in the Kalihi Hospital, Hawaii, are reported with details of treatment. The use of chaulmoogra ol in the treatment of lepers had been carried on for some time previous to January, 1920, but from that date all leprous patients who entered the hospital were given a standard treatment consisting of weekly injections of chaulmoogra oil with iodine in combination, supplemented by oral administration of the fatty acids and combined with iodine. Results of careful experiments reported show conclusively that the oral administration of chaulmoogra oil is quite unnecessary. Also the oil given orally alone has most unsatisfactory results. It does not seem to be properly assimilated. Experiments were performed using pure esters of chaulmoogra acid and hydnocarpic acid, without iodine, with excellent results. Hynocarpic, the lower acid of the two, is somewhat superior to chaulmoogric in its power. It is suggested that acids with still lower molecular weight may be still more effective, but such have not been discovered. However, the writer considers the fatty acids of the chaulmoogric series specific in leprosy.

Radiumtherapy of Cancer of the Oesophagus.

M. Guisez reports eight cases of cancer of the oesophagus in which the local action of the radium appears quite evident. Diagnosis by an oesophagoscope and by a biopsic examination. The functional amelioration has been rapid; the deglutition has become normal and the patients have gained several kilogrammes. In three cases the tumor has disappeared. Generally, it becomes flat enough to permit a normal deglutition.—Guisez, Gazette des Hopitaux.

Acute Intestinal Obstruction: J. M. T. Finney, Surgery Gynecology and Obstetrics, May, 1921.

Two hundred and forty-five consecutive cases covering a period of ten years, and occurring in the general and gynecological service of the Johns Hopkins Hospital

and the surgical service of the Union Memorial Hospital, Baltimore, are the basis of this report. The determining characteristics of this condition are (1) the intestinal character of the vomitus, (2) failure of lavage and enemata to relieve vomiting and typanites, and (3) increased pulse rate with restlessness and thirst. Where all these conditions are present diagnosis is simple, and operative measures should be resorted to as early as possible. Unfortunately diagnosis is often very difficult, specially in post-operative cases. Intestinal obstruction is one of the calamities of surgery, and, fortunately, with advanced methods, its occurrence is becoming less frequent. However, when it does occur, one should not be influenced by the fact that both patient and surgeon are reluctant to undergo a second operation, for while other similar methods of treatments are being resorted to the condition will probably advance to a stage where operative procedure will be of little benefit. The necessity of early operation is emphasised: "better a poor operation done on a patient in good condition, than a good operation done on a patient in poor condition."

Book Reviews

Diet in Health and Disease. By Julius Friedenwald, M.D. Professor of Gastro-Enterology in the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore; and John Ruyrah, M. D., Professor of Diseases of Children in the University of Maryland and College of Physicians and Surgeons, Baltimore. Fifth edition thoroughly revised and enlarged. Philadelphia and London: W. B. Saunders. Octavo of 919 pages. Company, 1919. Cloth, $6.00.

The fifth edition of this well known book on Dietetics has been largely re-written and contains discussions on the more recent problems of diet such as the deficiency diseases, food sensitization, etc. As the authors state, the divergence of the views of authorities on many questions is so extreme, that, in preparing a work of this kind it is very difficult and almost impossible to separate the truth.

The chemistry and composition of foods is taken up in great detail; then the scientific basis on which various dietaries are to be advised. Special diets such as the Karrell Diet and others are considered. The dietaries of a larger number of public institutions form a separate chapter, and will prove of great value to hospital superintendents.

As a work of reference a book such as this should be of immense value. While it is true that the reputation of being a food-crank is not to be desired, still there is no doubt that a more careful study of this question by the practitioner will be well repaid.

The Endocrines. By Samuel Wyllis Bandler, M.D., F.A. C.S., Professor of Gynecology in the New York Post-Graduate School and Hospital. Octavo of 486 pages. Phladelphia and London: W. B. Saunders Company, 1920. Cloth, $7.75 net.

An immense amount of material, some of scientific accuracy, other much less so, has been incorporated into this volume on the "Endocrines." It probably represents as well as anyone could at the present time this very important matter—of the Internal Secretions. We wish, however, that more distinction were possible between facts and theories in regard to this subject.

The physiological actions of the various secretions and extracts is thoroughly discussed, but in the clinical application we confess ourselves not always able to follow the author.

Optimistic Medicine, By a former Insurance Man; F. A. Davis Company, Publishers, Philadelphia, Pa.; Price $3.00 net.

This is a very interesting and readable book, quite different from the ordinary run of medical text books. As one reads it he may wonder whether it is intended for a layman or a doctor. Before he reaches the end he will probably think it should be acceptable to either or both.

We think, however, it is particularly adapted to the needs of the physicians of to-day who were educated yesterday. The practitioner who has worked faithfully in our splendidly equipped modern laboratories has learned much, but has much still to learn after he commences his important life-work. We recommend this book as one that contains much wise advice as to the best methods of treating both the patient and his disease. The aim of the author is largely to show the importance of the "early treatment of simple problems rather than the late treatment of serious problems." The chapter on "co-operation between Doctors and Patient" and the ailments of advancing years are excellent in every way. Read the book carefully. You will find it full of good stuff.

A Synopsis of Surgery, illustrated by E. W. Heygroves, Surgeon to the Bristol General Hospital; Surgeon to the Cossham Hospital; Lecturer on Surgery at Bristol University; Examiner in Surgery, University of London. Fifth Edition, Bristol: John Wright & Sons, Ltd.; London: Simpkin Marshall, Hamilton, Kent & Co., Ltd.; Toronto: The MacMillan Co., of Canada, Ltd., 1920. Price 17/6.

Since this excellent volume first appeared in 1908, it has been the standard of its class. Now the recent developments of war surgery demand a revision of certain sections, and this is the chief change in the fifth edition.

Altho quiz-compends are not usually to be recommended, students will continue to use them because of the crowded curriculum. This work is arranged so that the

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student must use a larger text book and therefore serves a good purpose. It is perhaps the best of its kind, and is of great use to the man in practice as well as to the student preparing for examination.

International Clinics, a quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, etc. Edited by H. R. M. S. Landis, M.D., Philadelphia. Vol. 1, 31st series, 1921, Philadelphia and London. J. B. Lippincott Company. Price $2.50 each, $10 a year.

The first volume for 1921 keeps up the high average of the quarterly. The Medical and Surgical Clinics are most interesting and instructive, and the summary of Medical and Surgical progress for 1920 is invaluable to anyone who wishes to keep abreast of the time. Two very excellent articles are from the pens of French colleagues.

The letter-press and illustrations are of a high character, reflecting credit upon the publishers.

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Selections

WHEN TO OPEN KNEE JOINTS

By H. W. Marshall.

It is certain that arthrotomies with irrigation of joint cavities remove synovial accumulations which sometimes possess toxic properties, and that irrigation fluids exert some physiological influence on synovial linings. Incisions into joints relieve intracapsular pressure and tend to prevent the stretching of the capsule which would otherwise occur if it became distended with excess of synovial fluid.

Synovial accumulations may have two important functions: (1) the separation of the synovial surfaces, and (2) the protection of irritated synovial surfaces by reducing the mechanical friction in subsequent joint movements. When accumulated synovial fluid is purulent it undoubtedly contains toxic substances.

Synovial membranes at times successfully resist a consided amount of sepsis within joint cavities and therefore the joints may be closed tightly after they have been washed out even though staphylococci have been present in the serous fluid.

Experience with penetrating wounds of knee joints in war injuries has shown that such knees may be left untreated for several weeks until the joint resistance has increased. Then they may be opened, cleaned out, and closed, with generally the best results. Synovial linings possess peculiarities analogous to those of peritoneal surfaces.

Sepsis of the joints of pyaemic origin may be overcome and the joints often restored to normal function to marked degree when joint drainage is avoided. Drainage is being found indicated less and less frequently. In the treatment of discharging joint sinuses early gentle massage is becoming more widely applied, even during the subsiding stages of acute inflammation, as it accelerates lymphatic circulation about the inflamed regions.

The character of synovial fluid varies within wide limits. It may be clear and straw colored, or turbid with cell debris, or it may contain a small amount of fibrin. In severe, very chronic inflammations there may be loose

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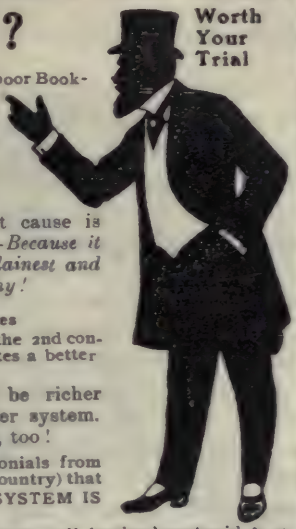

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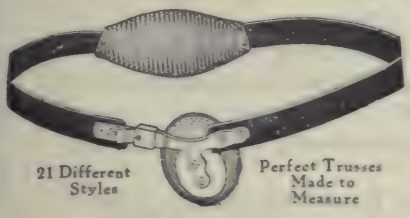

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jelly-like moulds of fibrin filling the joints. Synovial fluid normally contains salts, proteids, a mucin-like substance, and water, and has a variable specific gravity.

Irrigating fluids possess different physiological influences, depending on their chemical and physical properties. If they are of proper chemical composition and correct concentration and temperature, and if they reach all parts and do not cause harmful mechanical irritation of the joint surfaces, the latter will probably be favorably stimulated to a slight degree by single applications. When the synovial tissues are already struggling unsuccessfully with increasing blood-carried toxins, their resistance may become very low and irrigation of the joint may increase rather than relieve the condition. Clinical evidence does not disprove that a large percentage of irrigations are useless or slightly harmful in their direct influence on the synovial linings in early inflammatory processes in subsiding stages of acute synovitis.

Continued extreme capsular stretching by synovial accumulations should be prevented in order to avoid subsequent laxity of the ligaments and bacterial infiltration of the weakened joint capsules with resulting chronic inflammatory thickening. In this respect operations have a distinct advantage over non-operative measures, but large accumulations can be kept down by aspiration and tight elastic pressure.

The conclusions drawn by the author with regard to arthrotomies for synovitis are as follows:

1. Arthrotomies are generally harmless when done by skillful surgeons in hospitals, and excellent recoveries are the rule in non-purulent synovitis.

2. Early arthrotomies are unnecessary and harmless in non-purulent cases.

3. Late arthrotomies in slowly subsiding chronic knee inflammations possess distinct advantages as they permit exploration of the synovial linings, the removal of fibrinous clots, etc.

4. In selected cases excessive conservatism in arthrotomies should be avoided because of the harmlessness and positive benefits of the procedure.

5. Conclusions derived from the illustrative case reported in this paper are that it is impossible to decide from clinical data alone whether surgery has prolonged or shortened the patient's disability.

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Villous arthritis is characterized by chronic hypertrophy of the synovia, including the synovial villi and fringes which occur normally in knee joints, and is evidenced by the presence of an unusual crepitus on joint movement as the hypertrophic tissues interfere with each other or become pinched between the bearing surfaces.

The causes of the initial thickening of the joint lining include traumata, toxaemias, and bacterial infections or their combinations. Pedunculated or free joint bodies may be formed by the continued mechanical friction of normal joints following irritation or the pulling out of folds of joint lining.

Well-developed villous arthritis may terminate as follows:

1. Subsidence and complete restoration of joint function usually after a variable number of months, depending upon the severity of the villous hypertrophy and the efficiency of treatment.

2. Hyperthrophic synovia may cause continued interference with joint function for one year or longer because of repeated new injuries, continuance of the toxaemia or infection, neglect of treatment, or their combinations.

3. These factors result in increasing joint effusions which subside alternately, depending on fluctuating amounts of irritation. Capsules weaken and stretch or thicken if they become chronically inflamed by infiltration of micro-organisms. There may be considerable activity for years, nevertheless, and a few patients may manage to endure without ceasing their usual occupation and without proper medical care.

4. Tuberculous disease may develop in thickened synovial linings at any period in the course of knee inflammations. In some instances it may be the initial cause of synovitis.

5. Pedunculated villi or detached loose bodies may gradually lodge in comparatively non-obstructing positions from which they emerge at irregular intervals to produce intermittent acute symptoms. Occasionally they become adherent in a non-obstructing position and more permanent relief is then obtained.

6. Operations are performed with benefit in many instances and in all stages of villous hypertrophy and are more often indicated in this condition than in synovitis.

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Operations for villous arthritis are dependent upon the patient's occupation and position in life and upon the severity and chronicity of the symptoms, etc. When operations are performed the following clinical results are possible:

1. Marked relief may result immediately from removal of pedunculated villi or loose bodies after the wounds have healed and walking is resumed.

2. Occasionally it seems apparent that too much synovial tissue and supracondylar fat is removed, especially in the less severe types. Patients then complain of a sensation of weakness persisting for long periods and have difficulty in stepping up or down.

3. Extremely gradual changes for the better or worse may take place after the operations. These should not be interpreted as the results of surgical interference. They usually occur in middle-aged persons whose joints show definite osteo-arthritic changes.

4. When in the cases of vigorous young adults arthrotomy with excision of thickened synovial tissue is performed skillfully, a perfect recovery of joint function very often results. Many arthrotomies done for villous arthritis are probably unnecessary though harmless, especially in the earlier stages.

Loose semilunar cartilages may interfere with joint motion in the same way as pedunculated villi. After recurring attacks of acute symptoms the removal of cartilage fragments is promptly followed by decided relief. Occasionally partly loosened cartilages fall back into normal position and re-attach themselves without causing interference. Conservative methods should be employed in many instances of cartilage dislocation.

No precise indications can be given for opening the knees after fractures or the rupture of the crucial ligaments.

No precise indications can be given for opening the knees after fractures or the rupture of the crucial ligaments.

Tuberculosis of the knee joint in adults should be treated by joint incision immediately after the diagnosis is confirmed by microscopic examination. Following this operation the general health usually improves. When excisions

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are not made the tuberculosis continues to cause intermittent or constant trouble and disability for some time.

Operations have been devised to restore motion in completely ankylosed joints resulting from non-tuberculous infections by means of animal membranes and fascia after adhesions have been loosened. On the other hand, painful knees with great limitation of motion are sometimes ankylosed and made painless by operations such as those performed for tuberculous knees.

No knee joint should be opened unless proper facilities for strict surgical asepsis are available. Postoperative infections develop occasionally after surgical asepsis. Possibly these are due to blood infection, to long, clumsily executed operations on joint tissues with lowered resistance subjected to much handling, or to the use of very strong local applications for sterilization.

Arthrotomies are contra-indicated in the cases of many middle-aged patients with chronic hypertrophic arthritis as they may acclerate rather than retard the condition. The same statement applies to Charcot knees. Haemophilic joints should not be opened, and there are numberless borderline cases which should receive careful consideration from the point of view of the patient's probable future activities before arthrotomy is performed.—Surgery, Gynecology and Obstetrics.

SECRET REMEDIES AND THE GERMAN MEDICAL PRESS.

It woud appear that the sale of quack remedies has greatly increased in Germany under the new order, and many bitter things are said in the medical journals about democracy in its relation to the control of unqualified practitioners and their remedies. Three periods during which the fortunes of the quack oscillated violently cano, it is said, be distinguished. In the first, the pre-war period, there was a neck-and-neck race between the enterprising quack and the paternal Government, which, by new regulations, was constantly heading off new devices for exploiting the credulous. At one stage in this period it was calculated that of seventy-five secret remedies analysed, as many as forty-eight were directly dangerous to life, and another eleven were calculated to be injurious. In the

ERGOAPIOL (Smith) is a singulary potent utero-ovarian anodyne, sedative and tonic. It exerts a direct influence on the generative system and proves unusually efficacious in the various anomalies of menstruation arising from constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotions or exposure to inclement weather.

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year 1898-99, the turnover of secret remedies in Germany amounted to 30 million marks, and 500,000 kilograms of secret remedies were imported yearly. In the second period, which corresponds with the great war, the lot of the vendor of quack remedies was hard. Though he might attempt to distribute his goods among the troops as more or less authorized gifts from Hindenburg or Zeppelin, his campaign was soon cut short by the military authorities, whose regulations ultimately became very stringent. The third, or post-war period, would seem to have afforded brilliant openings for nimble-witted adventurers, who have found in the sudden political change unrivalled opportunities for avoiding punishment. Recently a circular signed by Professors Heffter, Klemperer, Lennhoff, and Schwalbe, and the chairman, Dr. Herzau, has been addressed by the Association of the German Medical Press to the editors of medical periodicals, pointing out that the impudence of advertisements of all kinds of quack remedies is increasing, and asking the editors that they should arrange with the publishers to have a controlling share in the acceptance or refusal of advertisements, if they already do not possess such power. The manifesto recommends that only such advertisements of remedies should be accepted as state the composition of the remedy, and that advertisements should on principle be refused which appear in the daily press and in form and matter are bombastic, extravagant, untrue, or misleading.—The British Medical Journal.

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Miscellaneous

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After the Long School Year

the tired school child, whether girl or boy, is extremely liable to become vitally depressed, worn out both physically and mentally, and more or less anemic. With the coming of warmer weather, this depreciated condition becomes accentuated and it is the part of wisdom to take steps to build up the tone of the organism, enrich the vital fluid by creating new red cells, and hemoglobin, and employ every available means adapted to reconstruct the cells and tissues and restore the depleted vitality. Pepto-Mangan (Gude) does yeoman's service in such condition, by furnishing an agreeable, absorbable, and assimilable organic combination of iron and manganese, the agents most needed for blood repair, and general reconstruction. It is pleasant to take, and does not irritate the digestive organs nor cause constipation.

The Canadian Practitioner and Review

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Original Communications

THE VALUE OF EXPERT ANAESTHESIA TO ALL CONCERNED. *

By Samuel Johnston, M.D., Toronto, President, Canadian Society of Anaesthetists.

In this age of scientific research, there is demand for greater efficiency in every department of the practice of Medicine and Surgery. This has brought about the necessity of specially trained men in every section of the work.

There has been no greater progress made in any branch of our profession than in Anaesthesia. Such advance has been made, that operations are now undertaken and successfully performed, that could never have been dramed of otherwise.

No branch of Medicine has a history more replete with dramatic, even tragic incidents,—which tragedies were due mainly to the failure of the world of Medicine to grasp the value of the wonderful gift offered to them. True, such offerings were crude in their way, but no cruder than the earlier struggles in Surgery. Nevertheless, like Surgery, a ray of light was always shining just ahead, pointing out some new avenue to greater achievement.

Few men in the history of Medicine and Surgery, have achieved more, or have done more to alleviate the distress and pain of mankind, than William Thomas Green Morton, to whom we owe the discovery of the use of Ether as an Anaesthetic. It is most fitting that this year, his portrait should be hung as an immortal in the American Hall of Fame. Of whom our revered Sir William Osler said, "Wm. C. Morton was a new Prometheus who gave a gift to the world as rich as that of fire, the greatest single gift ever made to suffering humanity."

Then men of keen intellect such as the late Sir Frederick Hewitt, have given Anaesthesia an impetus, and have been the means of leading many into the field of exprt Anaesthesia, until, to-day, this work stands out as one of the foremost specialties.

This now brings me back to the title of my paper.

First, I think we all agree, that whether he is conscious of the fact or not, the patient is the individual most concerned.

We must never forget that this is probably the most important and most trying moment in a patient's life. He is about to enter into a state of oblivion, and who knows but what in his mind he is facing eternity. He also has a horror of the after-effects. Therefore, it must be a great comfort to have the assurance beforehand, that a skilled Anaesthetist is going to carry him through this crisis, and that he need have no trepidation as to any distress during the induction of the Anaesthetic, and be able to rest assured that there will be little or no nausea or vomiting afterward.

There are so many dangerous conditions which may arise from faulty administration,—such as—persistent nausea and vomiting,—pneumonia,—lung abscess,—acetonuria,—Albumenuria with change in the kidney substance,—change in the liver,—and even change in the heart muscle. In fact, the whole organism may suffer. But where an expert has given the Anaesthetic, the distress and complications which may arise, are reduced to a minimum. Such results are of the utmost concern to the conscientious Surgeon.

The chief aim of the conscientious Surgeon, (of whom I have the pleasure of knowing a considerable number,)—is to attain the best results and to insure them for his patient.

Where an expert is administering the Anaesthetic, the Surgeon is relieved of any worry—knowing that if there is any need for alarm,—there is one individual, and one only who knows the condition of the patient, and who can give an approximate estimate of the patient's endurance. The Surgeon will receive any information of an alarming nature from an expert Anaesthetist, without any semblance of panic.

Assisted by skilled Anaesthesia, the Surgeon is able to do his work without any interruptions, such as straining, tremor, vomiting, or what is worse collapse of the patient, due to faulty administration. He can perform operations which otherwise would be impossible. He can have whatever method of administration is most suitable for the particular operation to be performed. He can have his patient in any position. He knows that the best judgment will be used in the choice of the drug to be administered, both for the safety of the patient at the time of operation and subsequently I know of nothing more distressing to the Surgeon, or nothing so detrimental to his reputation, than to have performed a most difficult and skillful operation, and then have the patient so terribly shocked as a result of the unskilled administration of the Anaethetic, or the improper choice of the drug administered that the result is a failure.

On the other hand, I know of nothing more gratifying to the Surgeon, than to have his patient suffer little or no bad effects from the Anaesthetic, and to have his skill receive the commendation it deserves.

The after-care of the patient is reduced to a minimum and the Surgeon is not worried about the horrible complications which so often follow unskilled Anaesthesia.

Then too, whether the operation is a success or not, the Surgeon has the satisfaction of being able to tell the friends that he left no stone unturned for the comfort and safety of the patient, in securing the best skill available.

Another who is vitally concerned in the patient's welfare, and in the work of the Surgeon and the Anaesthetist, is the General Practitioner. Few realize what a trying position the family physician occupies when his patient undergoes an operation. So often he has to take the responsibility of making the choice of a Surgeon. The physician is in constant contact with the patient's family, and must be prepared to answer all sorts of questions. Among these is usually the question of the Anaesthetic.

The wise and successful physician knows the seriousness of the question of Surgery and Anaesthesia and as he wants to do the very best possible for his patient, he often suggests obtaining the services of an expert Anaesthetist.

The general practitioner, with all his multitudinous duties and his limited experience in Anaesthesia, realizes that the Surgeon can render greater service where an expert administers the Anaesthetic. He no longer feels that any person can administer an Anaesthetic to his patient. On the contrary, only the best skill is good enough.

But as it falls to the lot of nearly all medical men, especially in smaller cities and towns and in rural districts, to adminster an occasional Anaesthetic, it seems to me that much better service could be rendered and better results could be obtained, if in certain areas or districts, one or two of the practitioners would make a specialty of the study of Anaesthesia. This work in these districts, could then be intrusted to these men.

Then, almost all Hospitals of any pretension appreciate the value of expert Anaesthesia, and on their staffs, have specialists in this work. Opportunities have thus been afforded for the development of the art to a very high degree. The result is, that the mortality under Anaesthesia, has been reduced to a minimum, and patients now entering hospitals, have for their comfort and safety, the services of men of large experience and scientific training in the art of Anaesthesia.

Among those concerned with the subject of Expert Anaesthesia, is the layman. No one looks forward to the possibility of taking an Anaesthetic. A careful business man knowing that at some time or other he will need a lawyer, generally has some idea of whom he will consult, when necessary. He chooses someone in whom he has confidence, not only for his professional skill, but for his discretion, probity and sound judgment.

In many cases of illness, however, the need for an operation, and consequently the services of a Surgeon and Anaesthetist develope with startling rapidity. Naturally the first qusetion of the layman, unfamiliar with the names of practitioners, is, "Who are the best men at this sort of thing?"

Unlike the barrister or solicitor, who is chosen by the client himself, the Anaesthetist must sometimes be engaged by the Surgeon, without referrence to the layman. There being no previous acquaintance, the confidence of the layman depends entirely on the reputation of the person chosen, his personality perhaps, or the reliance placed on the Surgeon's knowledge of the Anaesthetist's skill.

No one approaches the ordeal of total Anaesthesia with indifference, and herein lies the essential value of the skill of the expert. Few laymen trouble themselves with the actual physiological effects of an Anaesthetic. What they do realize is, that one places oneself absolutely in the hands of another. That one's comfort, recovery and even life depend upon the skill of that other: and that patients have been known not to recover from the effects of an Anaesthetic.

Consequently when there is a choice available the layman naturally chooses an Anaesthetist in whose expertness he has every confidence.

Now we come to the expert Anaesthetist, whose reputation is always at stake.

All specialists are not experts. First of all the expert must have absolute self-control. Necessarily he gets the most desperate cases to handle, and he must be equal to any contingency that may occur, and superior to any emergency that may arise. He must be quick to think, and just as prompt to act. He must be exact in his judgment, and be able to give explicit directions without causing undue excitement among those assisting.

The expert Anaesthetist must be able to detect the shadow before the actual danger appears, and quickly offset the impending catastrophe.

He must never allow his attention to be distracted from his patient, although he must be aware of every movement of the Surgeon, and reckon with the loss of blood,—the cutting of sensitive nerves—the manipulation of internal organs,—he must note the effect of all trauma. He must know on what plane of Anaesthesia he is holding his patient, and must be aware of the physiological effect the drug is having.

The expert Anaesthetist's whole concern is the care and safety of his patient, and the giving of such assistance to the Surgeon, as will enable him to perform the operation in the shortest possible time, and with the greatest ease to himself. Thus the ultimate result will be gratifying to all concerned.

The Anaesthetist likewise, is concerned with the teaching and development of his art. It is a pity, that in so many of the medical colleges and hospitals, more attention is not given to the teaching and demonstrating of the sub-

ject of Anaesthesia. This is something in which our organizations should interest themselves.

There is also the education of the public in what Anaesthesia is and the importance of this subject. In connection with this, I might remark, that the ignorance, sometimes displayed by intelligent, well educated members of the laity is astonishing. It is not infrequently that the opinion is expressed that the Anaesthetist just puts the patient to sleep and immediately leaves for another case. It seems hardly fair that the public should not have definite information on points like this.

In conclusion, I would like to say a few words on a subject that is attracting the attention of our profession at the present time, namely, the question of the lay-anaesthetist.

With the knowledge and experience that is being acquired in this progressive age, through the efforts of the scientific men, who are developing along their special lines, it would be a tragedy to contemplate any tendency to laxity on the part of our profession, in the entrusting of the Art of Anaesthesia to the hands of the lay-anaesthetist.

To begin with, it is placing the life of the patient in jeopardy.

For example, how can a nurse, who has not had a thorough training in psychology, physiology, pathology, physical diagnosis, therapeutics,—or in fact any branch of Medicine or Surgery,—intelligently carry a patient through the different stages of Surgical Anaesthesia?

It requires a sound general educational foundation, followed by a complete medical course,—and after that, special training under an expert in Anaesthesia,—also an inherent gift for the Art, to become an expert Anaesthetist.

What nurse has ever contributed anything of scientific value to Anaethesia?

If the nurse-anaesthetist is to be employed, then why not the nurse-pathologist, the nurse-physician,—the nurse diagnostician?

How can a nurse sum up the meanings of Acidosis,—Glycosuria or Albumenuria? How can she cope intelligently with such conditions, as respiratory obstruction,— or where an over-dose of morphine has been given,—or a case of reflex inhibition, respiratory or circulatory? How can she determine whether or not a patient can take an Anaesthetic at all, and if so, how can she know which is

the proper drug to be administered in each and every case?

Do many of our profession trust the lives of their families or themselves to the services of the lay-anaethetist? Our patients have a right to the same standard of efficiency as we demand for ourselves.

This matter is not only of the utmost concern to the Anaesthetist and the whole profession, but also to the public at large who entrust their nearest and dearest as well as themselves to our honor and skill.

We all have the highest regard for the conscientious, well-trained nurse. "But let the shoemaker stick to his last." Let us each practise what we have been trained for.

Our aim has been, is, and always will be, to prove by our attainments the Value of Expert Anaesthesia to All Concerned.

A CONSIDERATION OF ETHYL CHLORIDE ANAESTHESIA

By Col. W. Webster, D.S.O., M.D., Professor of Anaesthesia, University of Manitoba, Winnipeg.

Ethyl Chloride is a colorless, very volatile liquid of aromatic odor, sweetish taste. Specific Gravity .9214 at O.C. Vapour density 2.219 compared with air. Boils at 12.5C and is only preserved at the ordinary temperature and pressure by being kept in sealed containers. It is supplied in glass capsules containing 3c.c. or 5c.c., the former suitable for children, the latter the adult dose, and in larger containers of 50cc. fitted with a nozzle for spraying. It is highly infiammable.

It was discovered by Basil Valentine, a German Alchemist, in the fifteenth century and named by him "Vinus Sali." Apparently its anaesthetic properties were not observed at this time, at least there is no record of its use for that purpose. It was rediscovered by Flourens in 1847 who stated that it had anaesthetic properties like ether, which statement was confirmed by Von Bibra and Harless from experiments on animals. It was successfully used in 1848 by Heyfelder as a general anaesthetic in the human subject. For nearly half a century it fell into disuse, being revived at the end of the last century since which time it has increased in popularity.

Its portability, the rapidity of its action, and the length of time it permits for operative procedures make it compare well with N^2O for many short operations and as a method of inducing anaesthesia previous to the administration of chloroform or ether.

Although some use this anaesthetic by spraying into a more or less open inhaler,[1] sometimes only on a piece of gauze or absorbent cotton contained in the palm of the hand and held over the mouth and nose, the method of administration is more generally a closed type of inhaler of which numerous designs may be obtained. I have found Ormsby's ether inhaler to be very satisfactory and have used it in the majority of my cases, though I have tried several of the inhalers made solely for this anaesthetic. In a few of the early cases I used a more open method which I found less satisfactory; the induction time and amount of anaesthetic consumed being greatly increased thereby. The method of administration is to place a capsule in the container, the inhaler is then applied to the face during expiration and the capsule broken. The contents soon vaporise at the ordinary temperature of the operating room. If using an Ormsby inhaler the capsule may be placed in the bag, care being taken not to puncture the rubber of the inhaler in doing this.

The induction period is usually between forty and sixty seconds, in children it may be as short as twenty seconds. Consciousness disappears before this, in fact intelligent patients who have counted their respirations as far as possible can as a rule only recollect two or four respirations. The time available for operation is from forty-five seconds to three minutes; in some cases an analgesic condition remains even longer in which apparently no actual pain is felt though the operation be continued and the reflexes, lid, corneal, etc., are present. E.g. resection of one or two ribs for empyema can be accomplished, in my experience, in about 90% of the cases, with one 5c.c. capsule. The final stages of putting in drainage tube and possibly a stitch being often done with the patient in practically full control of his powers of movement, though sensation is annulled to an extent which prevents his recollection of any sense of pain. Hewitt[1] in a carefully conducted series of cases obtained an anaesthesia of forty-six seconds. Bamfyde Daniels[2] gives the average induction

period at forty-six seconds and the longest available anaesthesia two hundred and five seconds, the shortest twenty seconds.

Induction.

Owing to its rapid action when given by the closed method it is scarcely possible to distinguish the various stages of anaesthesia. First there is quivering of the upper eyelids. The breathing soon becomes deeper and more rapid remaining regular. A little later, vibratory movements of the larynx are felt by the fingers under the chin which in a few moments deepen until the characteristics laryngeal stertor is established. About the same time that the breathing deepens the patient's color improves the face becoming a healthy red. In some cass a light perspiration breaks out over the face. The eyeballs move at first from side to side later becoming fixed, generally in a position of convergent squint and turned either upwards or downwards. The pupils are widely dilated and do not react to light. The corneal reflex is absent. The muscles are relaxed except the masseters which in about one third of the cases remain rigid. The features are usually flushed and a light prspiration may break out over the face and neck.

Fourth Stage, Overdose.

The pupils are widely dilated and fixed· eyelids separated, breathing shallow or absent, face pale, pulse weak and rapid. The usual remedial measures are adopted, the chief, artificial respiration which usually results in rapid recovery owing to the ease with which the drug is eliminated on account of its volatility.

When the operation is not upon the mouth it can be commenced immediately upon the first sign of stertor, before the patient is as deeply anaesthetised as is described above, the inhaler being left applied to the face a short time longer, until deep anaesthesia is established. I have never seen any reflex act occur when a skin incision or puncture was made at this stage. A longer time for operative procedures is thus obtained than when the inhaler has to be removed before the surgeon can commence his work.

In about one-third of the cases one meets, there is pronounced masseteric spasm, even under deep anaesthesia. This is of no consequence if the nasal passages are clear,

and in fact has never given the author any trouble except when the operation necessitated opening of the mouth. In these cases, with adults and older children, a closed gag may be inserted before the induction of anaesthesia. In younger children who would be alarmed at this procedure, a boxwood wedge may be used to open the teeth when necessary, before inserting the gag and after the patient is anaesthetised. The wedge, however, is an instrument to be used with care as loose teeth may be dislodged during its insertion. Should the patient hold his breath for a short time as sometimes happens after the first inspiration, a greater or less degree of cyanosis may occur. If no physical obstruction to breathing exists, however, this holding of the breath is nearly always of short duration, the pink color returning to the face after a few good inspirations.

There are exceptional cases where the pupil does not dilate but remains at about four or five millimetres even when the patient is quite under the influence of the anaesthetic and ready for operation. In a few others the pupil may remain dilated for a short time after the reflexes have returned, in these cases any painful stimulus usually causes it to speedily assume the normal size.

This anaesthetic is used sometimes for long operations especially on the continent of Europe, but here it appears to be inferior to ether. Its greatest use is in short operations, where only five or ten c.c. are required, and as a method of inducing anaesthesia before ether or chloroform, especially the former. Flora Murray,[1] however, giving it by an open method has anaesthetised one hundred and fifty children under one year of age for ten to fifteen minutes for such operations as circumsision, etc. Such operations as extraction of teeth, opening abscesses, resection of ribs for empyema, removal of tonsils and adenoids, (where the snare operation is performed for the former unless the operator works very quickly it is necessary to follow up with ether) removing finger and toe nails, iridectomy, injection of hip and knee joints, reduction of fractures, dislocations, etc.

The induction period should not be excessively prolonged. Where a weak mixture of the gas with air is used, the oxygen in the bag becomes replaced by CO^2 and

this rebreathing causes cyanosis and increases the tendency to nausea and vomiting afterwards, leaving also a greater sense of lassitude with the patient. These disagreeable symptoms are of much less frequent occurrence where the administration only occupies a short time.

After Effects.

These are less severe than with chloroform or ether owing to the rapid elimination of the drug. They vary with different patients, with the quantity of drug used, and the amount of rebreathing. With short administration vomiting occurs about once in seven or eight cases. Sometimes there is headache. This is more apt to occur when the patient is allowed to move soon after the return to consciousness, than if kept in the recumbent position for half an hour after the operation. If possible the general anaesthetic, with the stomach empty etc., although this is not so imperative as in the case of ether or patient should receive the same preparation as for any chloroform anaesthesia, and short operations have frequently been performed, principally in accident cases, soon after eating. In these cases vomiting usually occurs as the patient recovers from the anaesthetic, but never during induction or maintenance of anaesthesia if the drug is properly administered. The number of fatalities are about one in ten thousand.[1] McCardie[2] reports twelve thousand cases with four deaths occurring in Birmingham and district, these all being cases of operations in which no other anaesthetic was used. W. E. Lee[3] reports fifty-five hundred and seventy-five cases with five deaths but these were all bad risks. Hornabrook[4] of Melbourne reports forty-three thousand four hundred and thirty-three administrations of ethyl chloride and somnoform in dental, post-nasal, and adenoid operations without an accident, though many were given by men with slight experience of anaesthetics. Many reports of two thousand to five thousand cases are on record without any fatality. At the Winnipeg General Hospital, together with the author's outside cases we have had some twenty-two thousand anaesthesia with no death so far. Many of these have been administered by men with no special experience in anaesthesia, especially in the earlier cases. The greater number

of these anaesthesias were preliminary to ether but the patients are invariably, in these instances, anaesthetized to the full extent, for if not, the ethyl chloride is eliminated sufficiently for the patient to begin struggling and holding his breath from the irritating fumes of ether before sufficient of that anaesthetic has been absorbed to place him under its influence.

Advantages and Disadvantages.

In regard to safety which must always be the chief consideration of an anaesthetic, N^2O is undoubtedly safer, but lacks the portability of ethyl chloride. Again, unless N^2O be administered with oxygen as a continuous administration, the length of available anaesthesia is not so great as with ethyl chloride. If necessary, with ethyl chloride, the dose can be repeated several times. In some dental cases where a large number of difficult teeth have to be extracted, two or even three capsules may be necessary. In these cases the recovery period is somewhat more prolonged and the tendency to nausea increased, but not nearly to the extent which would be present had chloroform or ether been used for the same length of time.

Physiology.

As has been shown, absorption is very rapid. The quantity of ethyl chloride contained in the blood in complete anaesthesia is not nearly so constant as with chloroform. The blood usually contains about twenty-five milligrams of ethyl chloride per hundred c.c. at the moment of disappearance of the lid reflex.[1] In the course of a prolonged anaesthesia the quantity in the blood varies between thirty and seventy-five milligrams per hundred c.c. The fatal quantity varies greatly; one hundred and fifty to two hundred milligrams per hundred c.c. has been present in some cases, while in another case forty-seven milligrams caused death in dogs. For these reasons one cannot fix the fatal dose of ethyl chloride in the blood. Where the induction period is slow a greater quantity of anaesthetic is absorbed by the blood than where the anaesthesia is rapid. This may result in a longer period of anaesthesia. In some alcoholics and also in some of good habits the awakening is very rapid. This, so far, has not been accounted for, except as a matter of idiosyncracy.

Elimination is very rapid, the arterial blood of an animal for example contained, at the moment of stoppage of the anaesthetic and of allowing respiration of pure air, forty-two milligrams per hundred c.c. One minute after it contained only seventeen milligrams; two minutes after, four point nine milligrams.[1] The lowering of the quantity proceeds a little slower in the venous blood. In the case of any obstruction to respiration, the induction or elimination is correspondingly slower.

The vapour of ethyl chloride is absorbed by the red cells to a greater extent than the plasma. The quantity contained in the cells is on the average three times the quantity in th plasma.[2] Embley[3] found the solubility in blood at 38 C. to be over 500% by volume of the vapour, double the solubility in water· which equalled 253.36% at 21 C. and 760 m.m. He considers that ethyl chloride enters into chemical union with the blood. We are therefore justified in assuming of ethyl chloride as of chloroform that the blood acts as a retaining medium for converting the irregular flow of anaesthetic into a constant one.

Effect on the Respiration.

The first effect of a dose of ethyl chloride is usually to cause an increase in the rate and volume of the respiration often where the dose is even large enough to cause marked lowering of the blood pressure the respirations are still increased in rapidity though decreased in volume, returning to their normal rate and extent with the elimination of the drug,[1] (Fig. 1 and 2). If the anaesthetic is pushed further the respiration is paralysed, stopping usually from 1.5 to 3.5 minutes before the heart, the stoppage being preceded by irregular respiration. (Fig 4.) Often after the respiration has been in abeyance two or three minutes it will recommence for a short time, twelve or fifteen respirations, increasing gradually at first in extent then decreasing similarly as in (Fig. 3). This may also occur with other anaesthetics. An important point is that when respiration ceases through overdose the heart is usually still in good condition so that artificial respiration—which in a drug so rapidly eliminated, speedily reduces the quantity in the blood—is nearly always effective in restoring the patient to a normal condition.

The effect of ethyl chloride on the heart muscle is paralytic as with chloroform, but the quantity of ethyl chloride required to bring about a similar condition is nineteen times[1] that of the latter drug.

With small doses there is generally a slight preliminary rise in blood pressure of a few seconds duration followed by a greater or less fall according to the dose administered. With large doses this fall may be very rapid and is more pronounced after section of the vagi[2] or the administration of atropin.3 Administration of oxygen with ethyl chloride diminishes greatly the depth and rate of fall of blood pressure while the addition of CO^2 increases the rapidity of the fall.[4] A sudden fall of blood pressure occurring with large percentages of ethyl chloride vapour is due to vagus[5] stimulation, with a still larger dose it may be due to vagus[5] stimulation, with a still larger dose it may be due also to the action on the cardiac muscle. According to Embley[6] it requires four times as much ethyl chloride to produce vagal inhibition as of chloroform, while, as has been stated above, it requires nineteen times the dose to produce the same degree of cardiac depression, therefore inhibition sets in relatively rapidly before much depression has occurred or the spontaneous excitation of the heart has been too much depressed to break away from the inhibition. This fact renders it possible for recovery to take place even after a very low degree of blood pressure has been reached, in some cases spontaneously by removal of the anaesthetic, in others recourse to artificial respiration becomes necessary. (Fig. 4 and 5). Even under deep anaesthesia, in the case of animals, continuous electrical stimulation of the vagus will not cause permanent stoppage of the heart.

When administered in excessive concentration—exalting the excitability of the vagus and vasomotor mechanism—sudden cessation of the circulation may occur[1] causing syncope, not necessarily fatal. The blood contained in the venous system in this case is not charged with the anaesthetic to the same degree as that in the heart and arteries. Therefore when the circulation is restored, the oncoming venous blood filling the heart lowers the tension of the anaesthetic in the myocardium, relieving it of the depression caused by the ethyl chloride and allowing usually a very rapid recovery.

CHAMPLAIN'S REFERENCES TO SCURVY.

By Professor J. Squair.

In the "Voyages" of Champlain there are a number of references to scurvy or as he sometimes calls it *le mal de la terre*. In his "Voyage" of 1604-05, published in 1613, he speaks of the disease, which broke out among his men at Ste. Croix, as follows: "During the winter a certain disease broke out among a number of our people, called *mal de la terre*, or scurvy, as I have since heard learned men say. There were produced in the mouths of those who had it, large masses of proud-flesh (the seat of much putrefaction), which became so great that the patients could hardly take anything but a liquid. Their teeth became loose and one could pull them out with the fingers without hurting. This proud-flesh was often cut out, and the patients bled freely from the mouth. Afterward they were taken with much pain in the arms and legs and these remained swollen and quite hard, covered with spots as if from the bites of fleas. They also lost the power of walking, on account of the contraction of the muscles, remaining weak and suffering dreadful pain. Also they had pains in the back, stomach and bowels and a very bad cough, as well as shortness of breath. In short they were in such a state that the majority could neither rise nor move,and, indeed, you could hardly hold them upright or prevent them from fainting away. Indeed, our men suffered so much that out of seventy-nine, thirty-five died, and more than a score of others came very near it. The majority of those who remained well complained of slight pains and shortness of breath. We could find no remedy for this disease. But we opened several to find out the cause of their trouble. In the case of several we found the inward parts mortified, as for instance the lungs, which were so affected, that we could not find in them any natural moisture. The spleen was serous and swollen, the liver stringy and spotty without its natural colour. The *vena cava*, superior and inferior, was filled with thick, black, coagulated blood. The gall was infected. Still, there were many arteries, both in the middle as well as lower bowels, in fairly good condition. In the case of some we made cuts with a razor on the thighs where there were purple spots and from these there came very black, clotted blood. This is what we observed in the bodies of those who had the disease.

Our surgeons were unable to protect themselves from what the others had. Those who remained ill were cured when spring

came which is in May in these parts. This fact persuaded us that the change of season restored them to health, rather than the medicine prescribed for them."

A little farther on, in the same "Voyage", he says that the men had to work hard at the handmill, and drink melted snow, sleeping in cold, poor beds. As for food they had only salt meat, without vegetables, and this in Champlain's opinion, was one of the chief causes of the disease.

Still farther on there is a passage in which a remedy is mentioned. Champlain says, "That day we went four leagues and passed a bay where there are many islands from which one can see high mountains to the west where there is the residence of an Indian Chief, called *Aneda,* who lives near the river Quinibequy. I was persuaded by this name that it was one of his race who had discovered the plant called *Aneda* which Jacques Cartier said had so much power over the disease called scurvy, from which his men, as well as ours, suffered, when they wintered in Canada." This plant, *aneda,* was probably a spruce tree. Cartier, in 1545, speaks of the manner of preparing a decoction from the branches and leaves of this tree, *aneda* (*ameda* or *annedda* are also given), and speaks very highly of its medicinal qualities. Some have supposed, however, that it was the white pine.

Later on, after changing his settlement from Ste. Croix to Port Royal, Champlain's men were again attacked, and out of forty-five, twelve died and five were cured, when spring came. The surgeon, a skilful man called Des Champs, made post-mortem examinations, but discovered nothing new.

There is another passage in the description of Champlain's stay at Quebec in 1609, which is of interest. He says, "The scurvy broke out very late, during the months from February to April. Eighteen men had it and ten of them died, and five more died of dysentery. I had some of the bodies opened, to see whether they had been attacked like those I had seen at the other settlements. The same state of affairs was found.....

I held that the disease comes entirely from eating too much salt meat and vegetables which heat the blood and inflame the inward parts. The winter also is in part the cause of it, for it represses the natural heat of the body and this causes a greater corruption of blood. Also when the earth is opened up, there come out of it certain vapours, hitherto enclosed in it and these infect the air. This view has been confirmed by the experience

of those who have been at other settlements after the first year of clearing the soil and opening it to the sun ..... January, February and March are dangerous for the disease for the reasons given above. As to the treatment, all those who were with me were warmly clothed,slept in good beds, and were kept warm and well-nourished. However, it was with the salt meats which we had, which, I think, were bad for them as I have said. According to what I have seen, the disease attacks a delicately kept person, who takes care of himself, just as much as it does the most wretched. We thought at first that it was only hard-working people who were attacked, but we have seen the contrary.....I am confident that if people had good bread and fresh meat they would not be subject to it.... I had an Indian of the region who wintered with me. He was attacked by this disease, because he had changed from his own diet to salt food, and he died of it. This shows that salt meats are not good, but, indeed, quite the contrary." .....

RETARDATION A MENACE TO MEDICAL EFFICIENCY.

By John Hunter, M. B. Toronto

The physician may attend ecclesiastical, educational, commercial, industrial, political and medical conventions, and come away feeling that the members of his own vocation are the peers of those of any other. He is fully justified too, in claiming that the knowledge, experience and skill acquired in his vocation throughout the centuries are just as great and as valuable factors to our civilization, as any other factors in it. The physician however, notwithstanding the great achievements in medicine and strange though it may seem, cannot open his medical journal without seeing, in nautical nomenclature, the S.O.S., signals, warning him of the ominous conditions, that not only beset our "craft" but threaten the extinction of the general practitioner. The tone of these S.O.S., signals is so pathetic that it seems as though a cataclysm was about due, that would have much the same effect, as the flood had on antediluvian medicine, at least as regards the general practitioner. In fact his only way of escape is to become a specialist or join a "group."

Any physician who can look back over four or five decades in practice must have seen how physicians segregate themselves into one or other of the following classes; 1st. A percentage of men who seem to pursue an almost unimpeded course of phys-

ical, intellectual and moral degeneracy, from the date of graduation, until premature disability sets them aside or an untimely death closes life's tragedy. 2nd, Another percentage of graduates who seem to make the very best use of their opportunities, and who become the so-called eminent men in their profession. 3rd. That great mass that constitutes the "rank and file" in the vocation of medicine, known as the general practitioner, and whose extinction the medical press is so laboriously proclaiming.

However divergent opinions may be in regard to the methods to be employed in retaining the status and the functions of the general practitioner all can agree on this fact, viz., that intellectual equipment is a fundamental factor. Is it not indisputably true that the greatest menace to the physician in general practice is not the specialist, or the medical "group," no not even the despicable cults that pollute our streets, but intellectual retardation. Is it not also too lamentably true, that as one decade follows another, a great many medical men get farther from being abreast of the science and of the art of medicine of the day, than they were at the time of their graduation from college? There are specific causes for this retardation, e.g., economic social environment. The young practitioner has to practice the most rigid economy, hence the purchase of books, travel, etc., are out of question. Socially, marriage and family cares make their claims felt. Environment that excludes any association with the work of hospitals and medical societies is a factor in retardation. Were a survey made of the equipment—library-office-laboratory—of our medical men, would not find altogether too many inefficiently equipped. How long could a business man keep out of bankruptcy, who did not have any periodic "stocktaking?" Can medical men hope to be any more successful if they neglect to take stock of their equipment? Retardation in the acquisition of intellectual culture pertaining to the science and art of medicine is the real menace to medical progress.

Whence a remedial measure, can not the knowledge, and experience acquired in other vocations be made use of? Medicine is almost the only vocation without any form of expert supervision. In commercial and in industrial life the services of experts are in great demand. In our schools and in our churches the superintendent is a very vital that day to his death he has never the inspira-

factor. The doctor hangs up his sign, and from tion of an inspection of his work, as to whether he is progressing or not. The most competent men in our churches, schools, in commerce, in industry and in agricultural life today are made use of, and the advice of the expert is very highly appreciated but alas in medicine every physician has to abide by his own estimate of his efficiency.

If the members of every other vocation feel the need of, and appreciate very highly, some form of supervision of their work, why should doctors not do likewise? Divide the Province into a number of sections and appoint a competent medical man as superintendent of each district. The duty of this medical official would be to meet the physicians of his district in groups or as individuals, discuss their problems, initiate better methods, inspire higher ideals. His services would be of great value in helping physicians to co-operate in establishing "community hospitals," in procuring libraries, and laboratories, and in inducing every reputable medical man to join a medical society. He could give health-talks, and tell the people why they should co-operate with physicians in preventing disease. There is not a community in Ontario in which diseases could not be prevented, recoveries hastened, and lives saved by this greater diffusion of medical knowledge and of closer co-operation amongst medical men. Is there a village or even a rural community in which if the physicians and the medical superintendent were to co-operate they could not readily secure the assistance of sufficient help from the laity to provide, and to maintain a "community hospital" with its library, and laboratory equipment? The superintendent could initiate these, and concentrate his efforts on securing them. The inestimable value of these to the community, and to the Province - in the prevention of disease, in the relief of suffering, in the diffusion of useful medical knowledge, in the broader culture, greater efficiency and higher ideals of physicians - would fully justify the government in making adequate provision for the salaries of these superintendents.

Editorials

SCURVY

We publish in this issue extracts from the "Voyages" of Champlain, referring to a certain disease which attacked his men with very serious results, translated for us by Professor Squair. It is very interesting to note that Champlain's opinion held and expressed over three hundred years ago regarding the etiology, diagnosis and treatment of scurvy coincide exactly with our views of the present day. His graphic description could scarcely be excelled by the most learned and scientific among modern physicians.

THE ANAESTHETISTS' CONVENTION

The Anaethethetists' Convention at The Clifton, Niagara Falls, June 1-3, made a new record in attendance, as probably the largest number of Anaethetists ever gathered were present at this meeting.

Three Societies joined in this meeting, viz:—The American Inter-State Association of Anaesthetists, The New York State Society of Anaesthetists and the Canadian Society of Anaesthetists, Dr. Samuel Johnston of Toronto, President of the Inter-State Association and also President of the Canadian Society was in the Chair, and gave the Address of Welcome. Dr. John J. Buettner, Syracuse, N.Y., President of the New York Society was also present and read his presidential address on,—Anaesthesia —Its place in the Practice of Medicine.

THE TEACHING OF MEDICAL STUDENTS

It will be admitted by all medical practitioners that there is no more important duty at the present moment than the proper instruction and training of those who, in the near future, shall be charged with the highly responsible task of caring for the sick, the injured, and the expectant mothers. It is proper, therefore, to ask the question: Is this done in such a manner as to secure the best results?

In the first place, while there must be a solid foundation of scientific training upon which the practical knowledge must be built, it must also be remembered that the

medical, surgical, and obstetrical practitioners of the country cannot be expected to become and continue to be experts on biology, chemistry, pathology, bacteriology, and physics. They should know enough about these subjects to be able to apprecate their bearings upon the practical subjects of therapeutics, clinical medicine, operative surgery, dietetics, etc., but no more. Of the so-called primary or scientific subjects, the student cannot be too thoroughly grounded in anatomy and physiology. These are bedrock subjects.

Now, we are strongly of the opinion that the tendency of the present is to devote too much to chemistry, botany, physics, and comparative anatomy, and, as a consequence, the students do not become such thorough anatomists and physiologists as will enable them to develop into the best type of practitioners. This tendency is mainly the outcome of the views of teachers who have never been engaged in active practice. They see only the importance of their own subjects, and are ever pressing for a larger share of the student's time.

This tendency has been in marked evidence in the medical curriculum of the University of Toronto. The duration of the medical course is steadily lengthening, but an examination of the curriculum goes to show that the added years are mainly consumed in the study of purely scientific subjects. There must be some stopping point to this method of mapping out the course of studies for the medical student. We believe that this stopping point has been already passed, and especially in the case of the University of Toronto.

But the scientific subjects are not the real and most vital ones in the medical student's career. After he has covered the work demanded of him in his earlier years of study, he enters upon the real problem of facing disease, injury, and obstetrics as these are bound to confront him during his future in actual practice. It is here that the student needs the guiding hand of the experienced practitioner. The man who has had twenty years of practice to his credit, and has been a conscientious reader as well, can be of immense service to the student who is passing through his final years.

It is here that we think the University is making a fatal mistake. Those who have been many years in practice,

and who have had many years' experience as teachers, and have come to know what the student most needs, are fast disappearing from the teaching staff. This is most regrettable. The young graduate with a year or two post-graduate study cannot give the real help to the student he requires; for the very good reason that the teacher, so trained, has not the practical knowledge himself.

It is for this reason that we believe that the whole-time professor at the head of each department, and a number of unpaid assistants under him is bound to end in dismal failure, and a general feeling of discontent. Any system that pays the head of a department, say $10,000, and his assistants, who may be as competent, or even more competent teachers, nothing, is sure to fail. The final result of such a method is that the only assistants will be young and inexperienced men who wish to learn, and are willing to give up a few years without pay, with this end in view. It may be truly said of such under-teachers that there is neither pay, praise, or promotion in store for them. A most experienced teacher quite rcently said: "Thank God, I have nothing to do with the present ruinous system."

The cry of the day and the student is for teaching from the lips of those who have had years of active and varied experience. It may be too late now to alter the plan adopted by the University of Toronto; but if pressure is of no avail from a discussion of the subject, then it can be cured by other Universities adopting saner methods, and thus attracting the more desirable class of teachers and students. This, in time, we feel, will prove the true remedy.

THE TREND IN PRACTICE.

There is no doubt in anyone's mind but that there has been a marked tendency during the past thirty years towards the breaking-up of the medical profession into groups doing special work. This is having a marked influence on the standing of the general practitioner, especially in the cities. A person who has an attack of palpitation seeks out the heart specialist, even if he be young and without any more knowledge of heart cases than his own family physician. But the name specialist carries

weight.

Many specialists are the outgrowth of a desire for an easier practice than that of the general family doctor. Some have tried general practice and not being very successful, chose some speciality. Others, again, go into special practice from the lure of larger fees than fall to the lot of the man who attends to many ailments.

There are some departments of medical practice that lend themselves readily to special duty. Such for example are eye, ear, nose and throat cases; the surgery special to women's diseases; such a branch of surgery as deals with deformities; and general surgery as apart from general medicine. When this much has been said, we think there is too great a tendency towards specialism.

But, after all, the profession and the people find out how things are to be done to give most satisfaction. There is a case requiring the intravenous administration of properly prepared and matched blood. This requires a very special training on the part of the one who is to give the treatment. The interests of the patient demand that no error in the method or technic occurs. This may be called specialism, but it is necessary. Then take the case of radium or x-rays in the treatment of disease. One who has had much experience with the agents can judge better when and how to employ them than one who has not had such experience.

But the subdivision of practice has gone far beyond the older and broader lines of women's diseases, children's diseases, and internal medicine. It has become a question of individual diseases. There are now specialists for tuberculosis, for syphilis, etc. There are, also, specialists for certain organs, and thus we have heart specialists, skin specialists, and specialists for the digestive system.

It would seem that the science and practice of the healing art has become so extensive and far-reaching that no one person can successfully overtake more than a limited portion of it. It is quite impossible for every doctor to have on hand a supply of radium, or an x-ray machine, nor can he have the apparatus for intravenous treatment. If it becomes necessary to puncture the spinal canal the services should be secured of one who has done the operation, and so the tendency goes on towards the inevitable division of the profession into groups.

But all this presents some grave dangers. One of these is that many will take up special work on graduation with only a limited acquaintanceship with general medicine. In this there lurks a serious risk. Then there is the tendency that the brighter minds will take up some special form of practice, leaving the less ambitious to go into the ranks of the general practitioner. Should such be the result of the drift towards specialism, the consequences shall not be altogether satisfactory, and sometimes actually disastrous.

HOSPITAL ABUSES

That hospitals have been a great boon to humanity is admitted, but there are several abuses that must be avoided as much as possible. It has long been known that there are many who will impose upon every public charity or institution whenever the opportunity presents itself.

One of the noted abuses is the habit, altogether too common, of persons of ample means going into a public yard, and securing free medical and surgical attendance. They will permit themselves to be used as the subject of a clinic and thus escape all fees. In this way the hospital becomes the agency for depriving the medical profession of a certain amount of its proper revenue.

But this is not all. The amount paid by these patients for a bed in the public ward does not cover the cost of food, nursing, and dressings, etc. They, therefore, become a drag upon the funds of the hospital. In other words, the hospital subsidizes them to cheat the medical profession out of all fees.

But hospitals are going beyond proper limits in the class of work and cases treated. They are establishing departments that are throwing themselves into direct conflict with practitioners in general. Thus one hears about venereal clinics, X-ray work, clinics for baby feeding, etc.

It is very easy to pauperize the people. The burden of hospitals has become very great. What the patient does not pay for, the public must; and the patient will try to escape paying whenever he can. It does seem hard that great hospitals should increase the difficulties of the general practitioner. It does seem unfair that medical colleges should bid for students, and through the hospitals

in connection with these colleges, make it more and more difficult for their graduates to succeed in practice.

This arises from two causes. In the first place, the members of the hospital staffs are eager to grasp everything in sight for their own gain or glory; and, in the second place, from the need for material for the teaching of the students. An interesting case counts for much. The remedy for these evils is the practice of the golden rule.

CHILD WELFARE IN TORONTO

We do not wish to appear as objecting to any effort tor the good of the people, but a time comes in all efforts at reform when regulation is necessary, nay, even a vigorous protest against certain tendencies. We think a time has come for a vigorous protest against some of the practices now being carried out in Toronto, in the matter of child welfare.

We are informed that city nurses visit homes and give mothers advice regarding the care of their children. If these nurses think there is anything requiring medical attention, they instruct the mothers to take these children to the babies' clinic at the Children's Hospital. No suggestion is ever thrown out to take them to their own family doctor. Once these children are taken to the "Clinic," the mothers are told to bring them back regularly and have the children weighed and cared for. In many instances they are taken into the hospital.

Now, all this is wrong, and is bound to give rise to severe criticism. The medical profession of Toronto is not going to stand this sort of thing. The doctors will not permit nurses in the employ of the city to go around advising their patients to consult some so-called children's specialists conducting baby clinics. This sort of thing will not go down. It is just as well to be frank about it.

When a nurse or doctor in the employ of this city visiting a school or home finds anything that calls for medical attention, it is the bounden duty of that nurse or doctor to refer the case to the regular family physician. This is the only way to secure harmony and make headway.

It is most annoying for a doctor of great experience to find that a child of one of his families has been ill and has been under the care of one of the "Clinic" doctors: or has been

in the Children's Hospital at the instigation of a city nurse, whose salary he is helping to pay. We are giving due warning that this practice must cease, or it shall be followed up further. We shall welcome information from our readers.

MIRACLE CURES

The despatches from St. Anne de Beaupre stated that there had been four miraculous cures at the shrine during the recent celebrations of the Feast of Sainte Anne. The account of these events contained the following very significant words; "The first miracle was reported shortly after the celebration of the first mass to-day, the subject being Miss Keily, aged 22, of Holyoke, Mass., who has been a paralytic for the past five years."

Now, it is worthy of note that the age was 22, a very suitable one for ordinary hysteria. In the next place, the subject was a woman, a second reason for expecting some ordinary neurotic condition. In the third place, the disorder was the old and familiar one—paralysis. It is well known to the medical profession that ordinary hysteria frequently assumes the form of paralysis. The patient does not walk because he does not try to walk.

But some may say it is a good thing to have such persons cured. Surely it is; but what we contend for is the truth. Do not give the public to believe that there is any supernatural power at work, and acting in a curative sense. The whole matter is merely one of ordinary suggestion. The paralytic was cured by suggestion, in the same way that she became paralyzed, namely, by suggestion. If this view can be accepted, and is scientific and sound, then the medical profession and those members of the Church who believe in such miracle cures, can stand on common ground.

The profession does not sneer at cures wrought by the law of suggestion; but it does object to these cures sailing under false colors. When the ignorant Indian effects a cure by performing some charming action, the same process is at work. When the mother kisses her bruised child to make it well, the same thing occurs. It is quite common for persons who are dying of some incurable disease to become so exalted by the expectation of cure as to believe they are really cured, and give a statement to this effect. But they soon relapse into the former condition.

We do hope that all those who pose as faith healers will adopt the view here set forth, that they are following an ordinary law of nature, and acting on the body through the mind by suggestion. This would remove such cures from the domain of miracle working to one of nature. When a dose of morphine is given a patient in pain and relief follows, a law of nature is followed. In like manner, when a paralytic is influenced by suggestion to make the attempt to walk successfully a law of nature is followed. Both examples are common therapeutics.

At its recent meeting the British Medical Association urges that members of the medical profession pay more attention to the influence of the mind as a factor in both the causation and cure of disease. For many, many years this has been a camping ground for certain types of "healer." One religious body, the Christian Scientists, has built its entire system on suggestion on the one hand, and what nature can do by being left alone, on the other. From time to time certain persons hold meetings for the cure of the sick. Some wonderful "cures" are reported. In the final analysis, the whole affair is only one of ordinary "suggestion," and not "miracle."

EPIDEMIC HICCOUGH

If one takes the trouble to read the history of medicine, he will find that at various times there have been widespread manifestations of some form of neurosis. These outbreaks were given such names as dancing mania, tarantulism, etc.

It is well known that spasm disorders are very liable to be imitated by the impressionable and hysterical. Some time ago there was in France an epidemic of hiccoughs. This condition spread to America. Quite recently we learn that some three hundred and fifty cases occurred in the Province of Quebec. Here we have a fine example of imitative spasm.

These neuroses may and do assume many forms. One is vomiting. Another is trance condition, as example one tribe in Egypt, that practises self-hypnotism, when large numbers will go into the somnolent state together.

It would be a good thing if the lay press could do something towards placing the true facts of such manifestations of disease before the people. It would stabilize thought.

Some time ago the Journal of the American Medical Association had the hiccough epidemic studied and reported thus: "Pathologically, it seems to be associated with irritation of the phrenic nerve from gastro-intestinal disturbance, from neuroses and from remote disturbance of the central nervous system not as yet determined."

Here one finds the element of a neurosal nature admitted. The method of onset and its clinical features seem to exclude it from the group of diseases caused by some form of microbe. It is not at all probable that it is due to some sort of food irritation. These main causes being set aside, the one left is a neurosis of some kind.

BRITISH MEDICAL ASSOCIATION

The annual meeting of this Association for this year was held at Newcastle-upon-Tyne in July. It was considered successful, although an attendance of eight hundred does not appear to us on this side of the Atlantic to be as large as it should be.

The B. M. J. tells us the meeting was admirably organized by the willing workers constituting the committee of arrangements. The President, Professor David Drummond, gave satisfaction as chairman and the various other officers worked wisely and well. It is interesting to note that among them all, none did a greater amount of active and efficient work than the retiring president, Sir Clifford Allbutt, Emeritus Professor of Physics, Cambridge, aged 85.

HEAT AND DROUGHT IN LONDON

We are told by English newspapers, especially by the *Overseas Mail*, that London is both hot and dry. They tell us that ninety-one degrees in the shade means something in London, and that, unfortunately, the heat continues through both day and night. Along with the heat, the shortage of almost all sources of water supply, causes great anxiety. For instance, the average daily flow of water of the Thames over Teddington weir last year was 1,200,000,000 gallons a day. In August, this year, it was 33,000,000. The River Lea is still lower, and the Chadwell Spring, which supplies what is known as the New River, was virtually dried up.

It was supposed that there might be still water enough to drink or wash in, but the danger was that it would not be safe to drink or even to cook with. The authorities are pleading anxiously to the users of water to be as careful as possible.

THE PRINCE OF WALES.

It is well-known that the Prince of Wales accomplishes a tremendous amount of work, and has done so for some years. We understand, however, that it has been noticeable for some time that the Prince has overtaxed even his splendid equipment of health. It was directly announced the latter part of July that he would spend the months of August and September as a real holiday, quite away from official calls and duties.

NARCOTIC DRUGS.

The narcotic drug habit appears to be increasing, notwithstanding the vigorous fight that is being put up against it in New York and other cities. Drug addicts, however, sometimes become severely ill and require careful medical treatment.

The subject was discussed in certain New York papers early in August. A man was arrested, placed in the police cells, and was found dead in the morning. The Assistant Police Commissioner stated that the man died from the heat and that "records show no instance of a man dying of drug removal." This is not generally accepted. Dr. George Pettey, in his text-book, says, "the abrupt withdrawal of an opiate from persons addicted to its use without first preparing the system is not only dangerous to life, but is barbarous." Dr. Lambert says in "Osler's System of Medicine," "sometimes a fatal collapse may occur without warning when the patient is quietly talking or sitting in the bed." Dr. John Davin, of New York, concurs in Dr. Pettey's views. Justice Collins, of New York, said, "Such patients should either be taken at once to hospitals for treatment, or should receive emergency treatment from competent physicians at the place of detention."

Such discussions are, of course, not new. In fact, they are simply the repetition of an old story. A man insensible is supposed to be drunk or stupid from narcotics, and pushed

into the cells. He dies during the night, and a post-mortem shows apoplexy as a cause of death. We fear that such tragedies have occurred somewhat frequently. Such an incident, which happened in St. Thomas Hospital, London, England, many years ago, caused a great deal of very unpleasant newsing more appalling from day to day. The peasants in the paper comment.

THE FAMINE IN RUSSIA.

The reports of the famine in Russia appear to be growing more apalling from day to day. The peasants in the recent revolution acquired land, but refused to sell corn at the low price fixed by the Soviet. This year they only planted enough for their own needs, and the drought has almost completely spoiled the crop. Consequently, many millions appear to be without food.

Added to the evil of famine, the worst the world has known, there is much disease. The most alarming at the time of writing is cholera. The prospects for the coming winter, which are now bad enough, appear to be growing still worse.

News Items

THE CHENGTU MEDICO-DENTAL COLLEGE PROSPECT.

Dr. C. W. Service is well known to the profession in Ontario as one of the most earnest and hard working medical missionaries we have ever sent to foreign climes. He graduated M.D. from Trinity in 1899.

In a visit to Canada about three years ago he explained a new scheme he had in view and a committee was appointed to assist him, composed of Dr. N. A. Powell, Dr. Webster, Miss Matheson, Dr. J. N. E. Brown, and Dr Willmott. Dr. Service is now in China organising a medical and dental college at Chengtu, a city of 500,000 inhabitants, the capital of the province of Szechuan, which has a population of 70,000,000. The new college will be a part of the Western China Union University, which is conducted by 5 co-operative mission boards. The object of those associated with Dr. Service will be to teach medicine, denistry, pharmacy and nursing.

Dr. Service and his friends ask the people of Canada to assist in the building and equipment of this medico-dental college. Contributions may be sent to Dr. Walter Willmott, 74 Crescent Road, Toronto.

Dr. W. E. Gallie has been appointed head of the Surgical Staff of the Hospital for Sick Children in place of Dr. Clarence Starr, who held the position for about ten years before he accepted the appointment as Professor of Surgery in the University of Toronto.

It is generally well known that Dr. Clarence Starr was exceedingly successful in his management of the surgical department of the H. S. C. Dr. Starr's skill in surgery and his executive ability as shown in the Children's Hospital and also in his military work during the war, all combined, gave him that reputation that probably led to his appointment in the University.

We congratulate Dr. Gallie, and have good reason to express a lively hope that he will prove a worthy successor to Dr. Starr in the H. S. C.

THE BURIAL OF THE FALLEN.

A pathetic, but rather pretty story comes to us from Colonel MacMillan of the Salvation Army. A blacksmith and his wife had travelled from Canada to France to visit the grave of their only son, and where bitterly disappointed when they were unable to find it. On their return journey, however, they had the good luck to meet a man who told them their son had been buried at night near a certain fountain.

They at once went back to France, found the grave, and also beside it the common grave of a number of heroes killed in the same battle. Crosses now mark the place where these men sleep, and the newly-discovered graveyard is now known as the "Cemetery of the Fountain."

At a meeting of the Royal College of Surgeons, Edinburgh, held in July, Dr. George Mackay presented to the College a portrat of late Lord Lister, who entered upon his surgical career as house-surgeon to Professor Syme of the old Royal Infirmary of Edinburgh.

Personal

Dr. Wm. S. Thayer, Professor of Medicine at Johns Hopkins University, Baltimore, has resigned.

Sir Watson Cheyne, M.P., is said to be retiring from professional and public life in Great Britain, and it is reported that in the future he will reside on the Island of Fetlar, one of the loneliest of the Shetland group, where the coast scenery is attractive and the land very fertile.

Professor Roentgen, who retired from the Chair of Experimental Physics at the University of Munich, in 1920, received many congratulations at the recent celebration in Germany of the 25th anniversity of his discovery of the X-rays.

Our old friend, Dr. (Col.) George W. Badgerow, of London, England, came to Toronto, August 14th, to visit his parents who reside at 106 Bedford road. We are glad to report that he has found his father, aged 82, and mother, aged 80, both in excellent health.

Dr. Badgerow was popular before the war but is doubly so now on account of the wonderful work he did gratuitously for over 1,500 members of the Canadian Expeditionary Force who passed through his hands.

Sir Halliday Croom, Professor of Midwifey, retired from active teaching work in June last.

Abstracts

ANAPHYLAXIS AND ANTIANAPHYLAXIS IN ASTHMA.

The latest contribution to the pathogenesis of asthma was made by Langlois who suggested, in 1906, that the asthmatic attack in hay fever was an anaphylactic phenomenon. Clinical and experimental evidence to this effect are cited. The experiments of Walker, in America, with various albuminoids, in his endeavour to ascertain specific protein bodies, are described, with some of his results. For instance, of 48% who showed a positive skin reaction to the solution of albuminoids used, 35% were sensitive to the albuminoids from the horse, and were sensitive to the atmosphere of stables. Those that reacted to the extract from horsehair were sensitive only to the touch of the animal.

In some cases the first injection of a heterogeneous protein will produce anaphylaxis. This is termed by Widal, asthma of "Colloidoslasic" origin.

In the treatment of asthma, two disorders must be remedied: (1) pulmonary changes, if they exist, and (2) colloidoclastic or anaphylactic disorders. Prevention is more important than cure for the former group. For the second class certain non-specific remedies, e.g., atropine, adrenalin, may be used, and if the cause of anaphylaxis can be discovered, it may be removed by a specific remedy. If this impossible sensitization should be attempted by the injection of a harmful protein, or, if shock is caused by changes in the patient's own serum, defibrinated blood of the patient may prove efficacious. —Professor Andre Levi. *The Medical Review,* April, 1921, p. 88.

DARWIN'S THEORY OF MAN'S ORIGIN IN THE LIGHT OF PRESENT-DAY EVIDENCE: (FOSSIL MEN AS WITNESSES FOR DARWIN).

This is the conclusion of a series of four articles by Professor Keith. He upholds Darwin's theory of man's origin, giving as very tangible evidence the discovery in 1918, by Mr. Charles Dawson, of the fossil of just such a human being as Darwin had described. There are only the fragments of a skull and less than half of the lower jaw. English experts

consider that both belong to the same individual, but many foreign critics disagree, maintaining that there is a combination of a fossil chimpanzee jaw with a fossil human skull. English anthropologists, on the other hand, uphold their contention that these belong to the same individual, by the fact that all animals closely related to man show a strange grouping of simian and human characteristics, and that some of these characteristics may persist in one human race and some in another. This discovery gives us not only the fossil of the first Englishman, but of the most ancient inhabitant of Europe.—Professor Arthur Keith, M.D., LL.D., F.R.S., *Med. Press & Circ., Apr.* 27, 1921, p. 335.
Set by W. E. Baetz, Sept. 2nd, 1921

SARCOMATA OF THE PETROSA.

By Roger Bertoin, *Jour. dr Med. de Lyon,* July 20, 1920.

Ear'ly Sarcomata of the Petrosa are rare. They are found generally in children and adolescents and usually there has been some anterior inflammatory injury to the midle ear (chronic suppuration, cholesteatoma, etc.), but they are also found in persons who have shown no abnormal auricular symptoms.

They arise either from the periosteum or the mucous membrane of the middle ear, or occasionally, from the inner ear or the external auditory pasage, or from the covering of the dura mater, which encases the pyramid; and they are made up, histologically, of round celled and spindle celled tumors - these two types usually being mixed - and are very vascular (telangiectasic sarcomata). Clinically we may divide them as follows: 1 .Sarcomata of the middle ear - the most comon type - which arise from small polypi of the drum, recurring rapidly after ablation and producing an offensive odor; later there follow violent pains and a retro-auriclar tumefaction which extends over the mastoid and temporal regions and only ulcerates the skin later. At the same time paralysis of the cranial nerves develops (the 7th and 8th pairs, on the other hand, may be attacked much earlier); the six last pairs are the ones usually involved, if we accept the classical syndrones of today (s. of the hole torn posteriorly) (M. Vernet), s. of the four posterior nerves (Collett); but all are apt to be attacked by the invasion of the middle and posterior cerebral holes by the tumor, which may spread to the orbital cavities, to the naso-pharynx, to the

cranial sinuses, to the occipital cavity, etc.; death generally follows between the 3rd and 9th months of the disease from cachexia, meningitis or hemorrhage.

2. Sarcomata of the mastoid where the drum is only invaded secondarily, which then follows the same course as the preceding ones.

3. Sarcomata of the bony portion of the external ear whose prognosis is comparatively good.

4. Sarcomata of the internal ear and of the bony pyramid which at an early date, shows the results of compression at the base of the skull.

5. Chloromata—Aran's green cancer—which Paviot connects with an acute leukemia.

Up to the present time radio and radiumtherapy have given few results because of the difficulty of an early clinical diagnosis, and, as surgical intervention is often impossible because of the extent of the lesions, palliative measures are resorted to, to alleviate the offensiveness of the discharge the pain and the hemorrhage.

Obituary

W. S. DAKIN, B.A., M.D.

Dr. Wm. Dakin, of Galt, died in the General Hospital of that town, June 2nd, of sleeping sickness, aged 43. He graduated, B.A., in 1899, and M.B., in 1902, from the University of Toronto. His death after a rather short illness, came as a surprise to his friends, as he was a very strong and vigorous man. In his college days he was one of the best athletes in University circles.

JOHN B. MARTYN, M.D.

Dr. Martyn died at his home in Alvinston, June 3rd, after a short illness from pneumonia, aged 53. He took high honors as a student in Trinity Medical College, and graduated, M.D., in 1891. Soon after graduation he settled in Alvinston and acquired a large pratice and a very prominent position in his community. He was a member of the school board, an enthusiastic Mason, and a member of the Provincial Parliament from 1914-1919.

P. EDMUND MOUNT, M.D.

Dr. P. E. Mount, of Montreal, died July 21st, aged 81. He was supposed to be the oldest graduate in medicine of that city.

WALTER H. P. HILL, M.D.

Dr. Walter Hill, one of the most active and promising young surgeons of Montreal, died suddenly in his motor car, July 23rd, from angina pectoris. He was Associate Surgeon to the Royal Victoria Hospital up to the day of his death, performing his last surgical operation on that forenoon.

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Selections

The treatment of states of excitement during ethyl chloride anæsthesia (Die bekæmpfung schwerr erregungszustænde wæhrent der Narkose duch Chloræthyl).

By Kulerkampff.

An important point which has not been emphasized in the literature of anæsthesia is that we can change anæsthetics at will during the course of an anæsthesia. Each of the various anæsthetics in use does not have a specific effect peculiar to itself, but all of them have a paralytic effect on the oxygen carrier. The least irritating of anæsthetics when given by inhalation is ethyl chloride.

Occasionally in the cases of patients who have been poorly prepared for anæsthesia and those who are psychopathic and hysterical there is an intense state of excitement at the beginning of anæsthesia which can be overcome only by giving very large amounts of the ether or chloroform vapor. In such cases ethyl chloride given as for ethyl chloride anœsthesia has often an almost magical effect in from half a minute to a minute. A strong dose must be administered with a tube that drops very rapidly so that 100, 150, or 200 drops are given so quickly that they can scarcely be counted, and the hand should be laid on the gauze to increase the concentration of the vapor. Almost immediately the patient becomes quiet and falls into a deep, snoring sleep. Care must be taken to stop immediately when this state is reached.

While the method is not without some danger, it is less dangerous than the use of ether or chloroform to overcome the excitement. The probable explanation of the action of ethyl chloride is that it is non-irritating to the respiratory centres. Many disturbances during anæsthesia would never occur if the anæsthetics were non-irritating gases. Partly by arousing feelings of anxiety and suffocation, partly by causing a reflex change in the type of breathing, they prevent uniform oxidation of the blood and produce carbonic acid spasms. That the narcotics as such are not responsible for this effect was long ago proved by Berth's experiments on tracheotomized rabbits and more recently by intravenous anæsthesia. The technique employed at Zwickau at present is as follows:

Braun's apparatus is used. Every anæsthesia is begun with ethyl chloride, which is by far the most pleasant anæs-

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applied as hot as can be borne—quickly relieves the congestion by increasing the superficial circulation promoting relaxation of spasm—free respiration and comfort to the little patient, indescribable in words, but amply apparent to the Medical Man in a grateful, confiding smile.

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thetic for the patient. Later it is continued with ether-chloroform. At the beginning of the narcosis the ether cock is often closed for a moment as the ether irritates the respiratory organs and by causing a feeling of suffocation disturbs the patient's psychic condition. The slighest feeling of suffocation produces also a state of excitement in the brain cortex which is not favorable to narcosis. If in the further course of the anæthesia such things appear a strong dose of ethyl chloride is given. This is the best method of deepening narcosis quickly and preventtng vomiting.—*Surgery, Gynecology and Obstetrics.*

The Ether Treatment of Peritonitis (Zur Frage der Aetherbehandlung der Peritonitis).

By A. Neudoerfer.

The author gives a brief report of 22 cases of peritonitis treated by instillations of ether. There were 17 recoveries and 5 deaths. Of the patients who recovered, 9 were in a very desperate condition when they came to operation.

Among those who died 3 had recovered from the general peritonitis. One died from a secondary abscess, and another from pneumonia, three weeks after the first operation. In a third case death was due to a severe phlegmon of the floor of the mouth.

A striking fact was the number of secondary abscesses. These developed in 6 cases. The abdominal cavity was drained in every instance. In only one case was the ether treatment a complete failure. The author believes he is justified by his results in recommending the ether treatment.—*Surgery, Gynecology and Obstetrics.*

Supra-Umbilical Anæsthesia by the Low Injection of Novocaine into the Spine (Anesthésie sus-ombilical par injection basse de syncane dans la rachis)

By R. Bloch.

The author states that while the duration of anæsthesia depends upon the dose of the anæsthetic, the quantity of cerebrospinal fluid extracted determines the height of the anæsthesia. As much as 30 c.cm. of fluid may be extracted; this permits anæsthesia as high as the breasts. Prior injections of morphine and caffeine or sparteine should be given.

With the patient in the sitting posture, a Delmas needle is inserted between the second and fifth lumbar vertebræ and about 30 c.cm. of cerebrospinal fluid are allowed to flow out.

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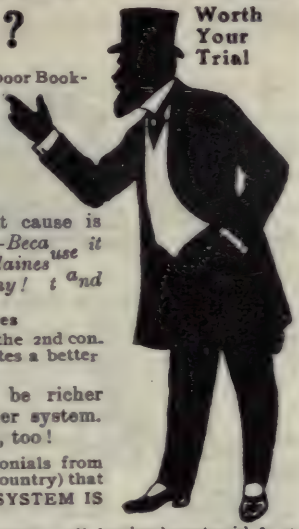

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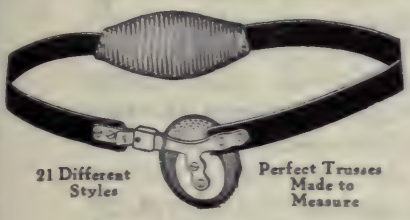

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If anæsthesia lasting about one and one-half hours is desired the injection consists of 12 ctgm. of novocaine to which usually about ¼ mgm. of adrenalin is added. Before the injection is made the position of the needle should be verified by withdrawing a little of the spinal fluid into the syringe. Such a precaution will prevent the principal and most frequent causes of failure.

In the author's last 54 cases in which anæsthesia was induced by this method for supra-umbilical operations the results were successful in 49 and fair in 3.—*Surgery, Gynecology and Obstetrics.*

Simple Drainage Device for Empyema.

By A. A. Matthews

The device described is used to obviate the danger of removing a large quantity of fluid from the chest at one time and to prevent the shock consequent to mediastinal flapping which occurs occasionally when the open drainage tube is employed. Negative pressure can be applied after a day or two if desired.

The author prefers resecting 2 in. of the ninth rib in the scapular line. A small opening is made in the pleura, a finger is inserted in the opening to prevent the escape of pus, and a pursestring suture then placed around the opening. A Wilson empyema button through which a close-fitting rubber tube has been passed is placed within the cavity and the pursestring drawn taut. The muscle and skin are snugly apposed and the outer flange of the Wilson button is strapped to the chest with adhesive plaster. The tube is clamped but every two hours as much pus as seems desirable is drawn off by turning the patient on his side and releasing the clamp. After the second day Dakin's solution is injected through the tube several times each day except in cases of bronchial fistulae.

In conclusion the author states that this method prevents shock, saves dressings, controls the amount of discharge, remains air-tight, and permits the application of negative pressure.—*Surgery, Gynecology and Obstetrics.*

Glycosuria, Diabetes, and Trauma

Glicosuria, diabete e trauma nell' infortunistica).

By S. Diez.

It has long been known that injuries, especially of the head and spinal column, may cause temporary glycosuria. Jacksch· Strumpell, and Strauss found glycosuria in 36 per cent. of

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their cases of injuries of the head and spinal column. Numerous authors report glycosuria resulting from injuries of other parts of the body, even of the limbs. Others deny that it can be caused by peripheral injuries. Diez believes it probable however, that peripheral injuries produce glycosuria by causing nervous shock. Psychic disturbances, such as fear and grief, may also be responsible.

The percentage of cases of diabetes in which there is a history of trauma as given by various authors varies from 2 to 10 per cent. As a rule the glycosuria following trauma does not go on to true diabetes, but disappears after about two years. Ferraninni holds, however, that diabetes may be caused by trauma in persons who have not the slightest predisposition to it.

The symptoms of traumatic diabetes are in general the same as those of spontaneous diabetes, though Brouardel emphasizes the frequency in the traumatic form of nervous symptoms such as insomnia, psychic depression, delirium, headache, vertigo, and sensory disturbances. It is possible also that trauma may cause both diabetes and a traumatic neurosis at the same time.

The question as to whether diabetes following trauma is caused by the injury or is merely a latent diabetes which has been awakened is not of great importance from the medico-legal point of view, as the patient is entitled to damages in either case. Every precaution must therefore be taken against malingering, as cases have been known in which the plaintiff put sugar into urine, mixed the urine of a diabetic with his own, injected sugar into the bladder, or took phloridzin either depends upon the dose of the anæsthetic, the quantity of cerebor by mouth or by injection. In the awarding of damages it is necessary to consider also the danger to which a diabetic is exposed in any necessary operation. A person with diabetes should not be assigned to work in which he is apt to be subjected to trauma.—*Surgery, Gynecology and Obstetrics.*

The Indications, Technique and Interpretations of Biopsy in rectal tumors. (Les indications, la technique et l'interprétation de la biopsie dans les tumeurs du rectum).

Rectal biopsy is a useful complement to clinical and rectoscopic methods of exploration; it is often the only means of making an accurate and rapid diagnosis. It is especially indicated in the diagnosis of tumors.

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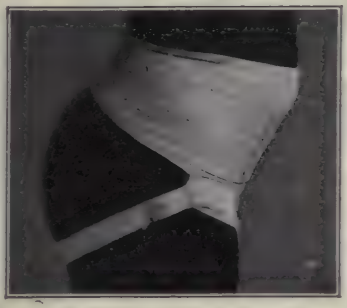

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The only contra-indications to rectal biopsy are technical. It is not always possible, and it is sometimes dangerous, to remove a piece of the rectal wall. As this wall is thin, a biopsy should be done only when the tumor protrudes into the rectal lumen; otherwise the superficial planes may be passed, the vascular plane invaded, and ulceration or infection established. Biopsy should be restricted, therefore, to rectal vegetations or to the border of such ulcerations. It is contra-indicated when the area is hyperœmic as severe hœmorrhage may result. Infection of the rectum is also a contra-indication.

The biopsy should be preceded by a rectoscopic examination to select the site. Suppurating necrosed zones should be avoided. No special preparation of the patient is necessary. The biopsy is not painful. The removal is made with the Breuning cutting forceps introduced into the rectoscope and manipulated under full control of the eye.

The authors describe the microscopic characteristics of the principal cancerous and other neoplasms found in the rectum.

The developement of radium therapy permits the supposition that a biopsy will be found useful in the intervals of radium treatment to judge of the effect of the radium and the results obtained.—*Surgery, Gynecology and Obstetrics.* .....

The Pathogenesis of Myoclonus.

According to Pilotti (*Il Policlinico,* Sez. Med., April 1st, 1921), who records a fatal case in a woman aged 37, with the autopsy findings, the pathogenesis of myoclonus is still obscure in spite of all the hypotheses put forward to explain it, and in spite of all the anatomical lesions with which an effort has been made to associate it, whether lesions were found in the cortex, the spinal cord, or other regions of the central nervous system. As a general rule cases of myoclonus, whether they have a chronic course like Pilotti's patient and a few similiar ones which have been studied histologically, or an acute course like the cases of epidemic encephalitis of the myclonic type, present as a rule too great a complexity, both in their clinical and histological manifestations, to allow one to distinguish with certainty those lesions which are alone responsible for the motor disturbances from those which have nothing to do with them. Pilotti is of opinion that the origin of the

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myoclonic movements is not confined to a single area such as the cortes, spinal cord, or mid-brain, but that in addition to myoclonic movements which are undoubtedly of cordical origin, other lesions in the cord or mid-brain may cause these motor disturbances by a hitherto unexplained mechanism.—*British Medical Journal.*

The Starvation Treatment of Diabetes

Motzfeldt (*Norsk Mag. for Lagevidenskaben,* April 1921) has compared the results achieved at his hospital in the treatment of diabetes by fasting, as practised by Allen and other Americans, with the results of less stringent dietetic measures. His verdict is emphatically in favour of the starvation treatment. Under the old regime 54 cases were treated between 1912 and 1917, the average age being 44 years. Under the starvation regime he treated 77 cases between 1917 and 1920, the average age being 36 years, and the proportion of severe cases comparatively high. Yet the results were far better in the latter period. As a table shows, only 44 per cent. of the first class were discharged from hospital without glycosuria and ketonuria. whereas this result was achieved in 79 per cent. of the latter class. In this class 5 per cent. died in diabetic coma, as compared with 13 per cent. in the earlier period. As the author's illustrative cases show, the starvation treatment can effect recoveries in cases of juvenile diabetes which a few years ago would have inevitably been regarded as doomed to an early death. While children and young adults tolerate the fasting diet well, great care should be exercised in cutting down the diet of elderly patients and of fat persons, who, by rapid oxidation of their own fat, are apt to suffer from ketonuria.—*British Medical Journal.*

Encephalitis Lethargica Grippalis

Certain authors continue to insist on the autonomy of this affection. Thus in an article which appears in the *Schweizerische Med. Woch.* for April 28, 1921, li, 17 by Reicher, a woman assistant of Professor Sahli, on blood studies of influenza, we find a section of this disease. In the winter of 1919-20 nine patients with encephalitis lethargica were specially studied.

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In six of these the affection was typical, with all transitions into the myoclonic form. One of the number appeared in the midst of an attack of influenza and Pfeiffer's bacillus was found in throat smears. It was the only one of the six which showed the typical blood picture of influenza, including leucopenia. In the others there was either normal leucocyte count or leucocytosis. The same association was reported by Leichtenstern in the epidemic of 1890. The leucopenia of influenza disappears in influenza-pneumonia and if the latter be severe the leucocytosis is pronounced. Despite this fact leucocytosis is a better prognostic in influenza than leucopenia. In typical encephalitis lethargica the stronger the infection the more marked the leucocytosis. Apparently no similar case of grippal is known at Sahli's clinic and in fact no other case is cited from any source.—*Medical Record.*

Miscellaneous

THE CONTROL OF HEMORRHAGE.

In cases of hemorrhage not amenable to surgical proceedure the chief aim is to promote blood-coagulability. Hemostatic Serum, it is believed, affords the most effective means for the attainment of the desired object. In fact it has been said upon good authority that Hemostatic Serum is the only product which provides all of the factors essential to furtherning coagulability of the blood.

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Hemostatic Serum may be administered systematically by hypodermic or intravenous injection, in 2-cc doses, repeated every two to four hours as the urgency of the case may require. A small pledget of cotton saturated with a few drops of Hemostatic Serum may be applied to the bleeding point. If the patient is a hemophiliac, or is likely to have prolonged or profuse bleeding, the intravenous use of Hemostatic Serum as a prophylactic measure, before any surgical operation is attempted, seems to be indicated.

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THE VITAMINES IN THERAPEUTICS

Why should a physician prescribe vitamine preparations if all the known vitamines can be found in natural foods? Why not simply direct the patient as to the kinds of food to eat? These questions naturally suggest themselves to thoughtful medical men at a time when so much is written on the subject of vitamine deficiency.

In favor of using the extracted vitamines there seems to be scientific evidence that is bound to command our respect. Take, for example, the work of Eddy. This keen observer found that, even though the diet of the child contained an appreciable amount of vitamine B, there was a marked stimulation of growth when three per cent of a vitamine extract was added to the food. He explained this on the basis that an extracted vitamine is more readily available than that which is contained normally in food.

Besides, it is easily conceivable that the ingestion of the requisite quantity of any one of the vitamines as found in its natural state would entail the performance of gastronomic feats that would be far from salutary.

Altogether it does not seem that a preparation of extracted vitamines, such as is offered by Parke, Davis & Company under the name of Metagen, fills an important therapeutic niche. Metagen has been subjected to carefully conducted clinical investigation and is physiologically standardized for the presence and activity of all three of the vitamines.

The Canadian Practitioner and Review

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Original Communications

Oral and Tonsillar Infection as a Cause of Nervous and Mental Diseases

By H. B. Anderson, M.D., Toronto, Canada.

A becoming modesty suggests that a physician should hesitate to address an association of Psychiatrists on the causation of mental diseases. I am under no illusion, however, as to the limitations of my experience of mental cases and yet I can see reasons for your inviting one whose work at least approaches the confines of your special department.

The physician in his daily routine has a favorable opportunity to study the various grades and types of the *mentally normal*, to see cases of mental disorder in the earlier stages and especially to observe the influence of acute infections and intoxications in producing delirium, stupor, coma, post febrile delirium, mental confusion, definite psychosis or other nervous and mental disturbance—usually transitory conditions—the acute prototypes of the more fully developed, chronic, somatic group of insanities. To the physician therefore, it is not strange that chronic infections, whatever their source, should show their deleterious effects at times by producing nervous and mental disease; either by the selective localization of the infection, the effect of toxæmia, general nutritional disturbance or secondary to complications in other organs, interference with blood supply affecting the brain, cord or nerves. The reaction of the indivual's central nervous system to infection no doubt depends to a considerable extent on the hereditary quality of his tissues, functional equilibrium being more easily upset in one patient than in another. One must avoid preconceived notions, however, and deal with the information derived from clinical, pathological and experimental investigations.

With the short time at one's disposal, I shall confine myself to consideration of the influence of the conditions ordinarily understood by the term oral sepis and chronic focal infection of the tonsils. These conditions are frequently associated. Tonsilar infection, especially in the young, may occur in patients whose gums and teeth are healthy. One rarely however, finds healthy tonsils in the presence of oral sepsis, as the infection is carried from one to the other by contiguity of tissue, in the act of swallowing, by food and drink conditions there is general agreement that some type of strepto- as well as through the lymph stream.

While many pathogenic bacteria have been found in both coccus is most common—viridans, especially in periapical dental infections, hæmolytic veridans or other non-hæmolytic strains in tonsillar, though in the latter staph. aureus often predominates. The streptococcus also is chiefly responsible for the systemic manifestations, very simiar in character, resulting from each. For the purpose of this paper therefore, the role of oral and tonsilar infection in the causation of nervous and mental disease, may be considered together.

Multiple foci of streptococcus infection about decayed teeth, old roots, non-vital teeth, pyorrhœal pockets, perhaps sealed in by crowns, bridges or pivots, or harbored by concealed, atrophic, adherent tonsils, the seat of previous recurrent attacks of tonsillitis, quinsy or chronic sore throat; That they are the cause of many serious systemic diseases, infection in the adult human subject in civilized countries. That they are the cause of many serious systematic diseases, often extended over years, with more active manifestations when resistance is reduced from any cause, especially after acute diseases, requires no emphasis at this time.

While many have contributed important data, we are indebted especially to W. D. Miller, the American dentist, who became professor in the University in Berlin, to Wm. Hunter of London, and Frank Billings and Rosenow in America, for initiating the recent more intensive study of the subject and impressing its importance upon the profession. The general recognition of the clinical importance of chronic focal infection marks perhaps, the greatest advance in the practice of medicine in recent years.—unfortunately not unattended by the extreme views of those who would regard it as the cause of all human ills, which in an excess of enthusiasm, they seek to cure by indiscriminate extraction of the teeth or removal of tonsils. Rather is

it necessary at the present time to urge the need of conservatism, of the nature produced by focal infection; and lastly, even be followed by the disappearance of the effects.
proper technique, but taking into consideration the *degree* of infection and whether the attendant systematic manifestations are of the character which suggests its activity. The extremists forgetting that "one swallow does not make a summer" have gone wrong in attaching too much importance to minor grades of infection, in failure to appreciate the systemic resistance in health, in reasoning *post hoc,* that because a certain disease follows or is associated with a focal infection, that the latter is the causative agent, without tracing a sequence of pathological events or deciding whether the attendant symptoms are of the nature produced by focal infection and lastly, even though it be the original cause, that its removal will necessarily be followed by the disappearance of the effects. At best as in the days of Hippocrates—"Experience is fallacious and judgment difficult," but too frequently our ratiocination is at fault.

In the observation of signs and symptoms and especially in the interpretation and weighing of evidence, the competent practitioner and physician should not rely too much upon the radiologist, dentist or throat specialist. The former are in the best position to consider the case from the combined local and systemic view point. Though one would not minimize the value of the assistance which the latter may give, the ultimate decision as to diagnosis must remain with the physician. In regard to treatment however, I do not think it wise for the physician to assume responsibility of advising extensive extractions without the advice of a competent dentist.

With this preliminary digression I may now proceed to consider the question you have asked me to bring before your association, viz., the relation of infection of these tissues to the causation of nervous and mental disease.

In the American edition of his epoch-making work, 1890, Miller gave a formidable list of nervous and mental diseases proceding from dental infection with numerous illustrative cases. He mentions spasm of the facial muscles, lockjaw, convulsions, spasms and paralysis of the ciliary and other eye muscles, amaurosis, amblyopia, epileptic attacks, thrombosis of the sinuses of the brain, meningitis, paralysis, etc.

Marinesco and other French observers as early as 1900, reported cases of myelitis and acute degenerations of the cord, including disseminated myelitis, with foci in the brain, pons,

medulla and cord, produced in animals by intravenous and other ways of injection, of different forms of pathogenic bacteria, especially streptococci. Other investigators isolated streptococci from these tissues at autopsy in some cases.

Under the heading of Toxic Neuritis, Wm. Hunter described, (1900) a group of symptoms—"numbness, tingling in hands and feet, loss of knee jerks, marked wasting of certain muscles and local palsies," in connection with extreme cases of oral sepsis. These nervous manifestations are similar to those characteristic of pernicious anæmia, which led Hunter to suspect both as due to the same cause. In the peripheral neuritis of diabetes associated oral and tonsillar infection may be a factor.

If chronic infections of the teeth and tonsils are capable of producing rheumatism, chorea and endocarditis, it is obvious that they are indirectly responsible for the nervous symptoms which at times result therefrom. One need only recall the profound nervous and mental disturbances of cholera usually contribute dto bacterial embolism of minute cerebral vessels. Streptococci have been obtained at autopsy in some cases and animal inoculation has reproduced the symptoms of chorea (Rosenow). Cerebal embolism following the endocarditis of chorea and rheumatism is another familiar cause of trouble. There is no doubt also that focal infections of the teeth and tonsils may produce *cerebral thrombosis* in some instances either by direct extension or through the general circulation as they cause thrombosis elsewhere. Recently I have seen a woman of sixty-five years of age who has very septic tonsils. She has had recurrent attacks of tonsillitis and quinsy, also rheumatism, endocarditis with mitral disease, two attacks of cerebral embolism in the past year with hemiplegia and definite signs of mental disease. She is firmly convinced that her ill-health is due to poison administered by her physicians.

Another type of mental case is illustrated by a patient seen with Dr. Clendenan two years ago. He was a man fifty-five years of age, who became mentally confused, delirious, and finally comatose, with the general symptoms of profound toxæmia. His mouth was horribly septic with old roots, crowns, bridges, pivots and pyorrhœa. The condition appeared hopeless, but as a last resort we recommended appropriate dental treatment. He began slowly to show signs of improvement

following the removal of the oral sepsis and within some two months his mental condition and general health were restored he remained well for about a year and a half when he had a relapse.

Neuritis, especially of the brachial and sciatic nerves and spinal nerve roots, are not uncommon in oral and tonsillar infections. Rosenow has shown experimentally that herpes zoster may be produced in animals by injection of streptococci from tooth infections.

Neuritis is frequently associated with or simulated by arthritis in a neighboring joint, by spondylitis, fibrositis or myositis. In cases of brachial neuritis, grating may usually be obtained by manipulation of the shoulder joint, and at time synovitis may extend along the sheath of the long tendon of the biceps, causing pain on movement of the arm. The optic, 3rd, 5th, 6th facial, auditory and perhaps other cranial nerves may be affected. Peripheral neuritis is not uncommon out series of cases including a number of examples.

In May, 1915, the writer saw a patient, Miss C., age 30, teacher, who had consulted Dr. Colin Campbell, complaining of headache and eye pains following an attack of influenza the previous March. He had found slight but definite optic neuritis. This was the beginning of an illness of nearly three years' duration, during which she had prolonged periods of fever up to 100°, became emaciated and very ill. Her dentist, whom she was attending twice weekly, gave assurance of the absence of oral infection. During her prolonged illness she developed successively parotiditis and right facial paralysis, polyneuritis of the legs, marked myocardial weakness, low grade uveitis, slight papillitis, exudate into the vitreous, and secondary glaucoma, impairing vision in the left eye and reducing it in the right eye to 6/60. Wassermann and Widal tests and blood cultures were all negative; tonsils fairly healthy. Radiographic films in February, 1917, showed seven abscessed teeth, which were extracted or otherwise treated, after which her general condition recovered and the eye infection subsided but with blindness on the right side and sight in the left permanently impaired.

Instructive cases are reported by Duke of the effect of oral infections contributing to the symptoms of tabes and paresis and improvement following upon dental treatment. Head-

ache, neuralgia, including tic doloreux, otalgia, may all be due at times to oral and tonsillar infection. Duke divides headache due to oral sepsis into four classes:—

(a) Secondary to cervical spondylitis, myositis, bursitis or rheumatic involvement of the muscle attachments at the back of the head.

(b) Neuritis of any or all of the branches of the facial nerves.

(c) A referred toothache.

(d) Associated with antral disease.

Duke also directs attention to the influence of oral sepsis on the autonomic nervous system, especially in producing certain vagotonic symptoms such as asthenia, pylorospasm, spastic constipation, hyperacidity and mucus colitis.

Focal hæmorrhages, myelitis and softening, degenerative or sclerotic changes in the spinal cord and cases presenting the symptoms of disseminate sclerosis have more recently been reported by Rosenow, Billings and others. Rosenow also claims that poliomyelitis is due to a streptoccus though Flexner and his co-workers have not confirmed his findings.

Rosenow has produced in dogs, focal hæmorrhages, ataxic gait and paresis of the extremities by injection of streptococci obtained from the tonsils from a case of disseminate sclerosis. It is possible that disseminate sclerosis in some cases may be a later state of disseminate myelitis before mentioned. Both conditions have been observed following acute infections. I have record of cases both of disseminate sclerosis and myeolitis in which oral and tonsillar infection appeared in all probability to be the cause of the trouble. During the past week I have seen two cases of lumbar myelitis, one in a man aged fifty-five an accountant, the other a farmer aged sixty. An extreme oral sepsis in the former and a marked tonsillar infection in the latter were the only antecedent conditions to which the myelitis could be referred.

Migraine and epilepsy are diseases in which many observers mention oral sepsis as a factor, though reflex disturbances from the pressure of unerupted teeth is perhaps more important. In a severe case of epilepsy in one of my patients, marked improvement followed removal of an odontoma.

The extreme views of H. S. Upson, Cleveland, and H. A. Cotton of the New Jersey State Hospital and remarkable results they report in the management of mental deficiency,

and psychoneurotic manifestations in the young, nervous instability, alcholism and cases of insanity, by treatment appropriate for the sepsis, deformities, unerupted teeth and other forms of dental trouble so frequently found among this class of the population, lack confirmation by most writers on the subject. Cotton, Draper and Lynch state that "as a result of eradicating focal or chronic infections in the group of patients usually placed in the functional psychoses, we have been able to restore 270 patients out of a total of 410 admitted during the year ending July 1, 1919 and they were discharged during that year. By re-examining the remaining 130, we were able to find local foci which had been overlooked and by January, 1920 this number had been reduced to 100. In other words 75 per cent. of this group, or 310, when the local foci of infection found in the teeth, tonsils, stomach, and cervix were eliminated, were able to be discharged and returned to their respective homes."

Without attempting to predict results, however, it would appear rational to treat oral, tonsillar and other infections and correct deformities among the insane on the same principles as would obtain among the sane, and one might reasonably anticipate benefit in many cases by removal of toxic and reflex causes. The shock and increased toxaemia attendant on too heroic measures in the neurotic and insane, however, suggest caution, not only in what is undertaken but in assurances of resulting improvement. This is my experience applies especially to cases of manic-depressive psychosis where the patient's mental anguish and subjective symptoms bear no relation to any discoverable organic cause and are apt to mislead the physician by symptoms referred to special organs. Charles K. Mills, Peterson and many others warn against the extreme views and radical measures of enthusiasts, which would repeat in a new field the follies of the days of wholesale oophorectomies and other fads in treatment, based on too narrow or irrational ideas of the pathology of the condition it was hoped to relieve.

The nervous symptoms associated with oral and tonsillar infection included another group presenting the clinical picture of psychasthenia or neurasthenia, including sensations of weakness, lassitude, early fatigue, mental depression, flushing, dizziness, insomnia, cardiac arrythmia, tachycardia, gastric and intestinal flatulency, uncomfortable epigastric sensations, neuralgia, painful spine frontal, cervical or occipital headache

and kindred ailments. These may be due in part to toxæmia acting upon the brain and nerve centres and in part indirectly through disturbed function of the thyroid and other glands of internal secretion.

Perusal of Beard's monograph on neurasthenia, (1880). in the light of our present knowledge, shows that many of the symptoms which he described as characteristic of that disease, are now recognized as due to oral sepsis or other focal infection. He observed the frequency of dental disease in neurasthenia but considered it a *result* rather than a cause of the condition. "Among all classes of brain-working indoor-living Americans, the *teeth usually begin to decay before the age of* 20: and it is quite rare to find a nervously exhausted person, however careful he may have been of his teeth, who can exhibit a really sound set at the age of 35 or 40: it is more probable that, if he have any teeth of his own at all, very many of them are filled: perhaps some of them in several places, and their endurance will depend upon the skill with which the filling has been done."

"Neurasthenia is an American disease. Neurasthenia indeed, like decay of the teeth, which in some cases is really one of the symptoms of the neurasthenic tendency, was first made of special consequence in this country."

Among the symptoms of neurasthenia, he mentions nervous indigestion with severe pain before meals, relieved by taking food: gastric and intestinal flatulency; growing pains, pains in the back, coccyodynia, podalgia; dryness of the joints with creaking sounds on movement; pruritis, dryness and scurfiness of the skin. He states further that "neurasthenia may simulate rheumatism, and has been frequently mistaken for it. Thus stiffness of the neck, when the upper portion of the spine is in an irritable condition, or of the loins and lumbar region when the lower part of the cord is irritated, at once suggests rheumatism." It is further interesting to note according to Beard's observations that neurasthenia occurs most frequently at the time of life when oral sepsis is most marked. In the symptom groups above mentioned one may recognize conditions in which we would now look for focal infection as a cause.

One does not wish to infer that all cases of neurasthenia are due to focal infection, though one cannot study Beard's monograph without concluding that oral sepsis is more a cause than a result of the disease.

In the light of our present knowledge the conclusion appears warranted, that though oral and tonsillar infection do not produce any definite clinical type of insanity in the way that syphilis causes paresis, yet they are capable of producing pathological changes in the peripheral and central nervous tissues and thus act at times as direct and at other times as contributory causes of nervous and mental disease.

*Read before the Ontario Neuropsychiatric Association, Sept. 16, 1921.

References.

Marinesco, G., Nouvelle iconographic de la Salpetriere, 1900, Vol. XI, page 561.

Williamson, R. T., Diseases of the Spinal Cord; Oxford Medical Pub., 1908, page 127.

Duke, Wm. W., Oral Sepsis in its Relationship to Systemic Disease; Mosby & Co., St. Louis, 1918, pages 80-84.

Billings, Frank., Focal Infection; Appleton & Co., 1917.

Mitchell, W. Weir., Nervous Diseases; Lea & Co., Philadelphia, 1881.

Beard, Geo. M., Nervous Exhaustion; Wm. Wood & Co., New York, 1880.

Miller, W. D., The Micro-organisms of the Human Mouth; S. S. White, Co., Philadelphia. 1890, pages 253 et seq.

Anderson, H. B., Oral Sepsis, Tice's Practice of Medicine; Prior & Co., New York, 1920.

Hunter, Wm., Oral Sepsis as a Cause of Disease; Cassell & Co., 1901, page 17.

Cotton, H. A., New York Med. Journal: March 8th and 15th, 1915.

The Relation of Focal Infection, to Mental Diseases; N.Y. Med. Journal, April 24, 1920, May 1, 1920.

Mills, Chas. K., New York Med. Journal.

Cotton, Draper & Lynch, New York Medical Record May 1, 1920.

Dercum, F. X., Mental Disease; Philadelphia., 1914, page 45.

Morris, R. T., Surgery in its Relation to the Psychoses and Psychoneuroses; Med. Record, August 24th, 1918.

The Duty of a Physician to the Mother and Her Child

By Dr. Helen MacMurchy, Ottawa.

The care and regard given by a nation or a community to its mothers and children is the real test of its civilization.

As soon as Canada became a nation, at the first meeting of the Canadian Medical Association, a request was made for a Dominion Ministry of Health, and this request was renewed and put forward by the profession for fifty years, until on June 6th, 1919, an Act respecting the Department of Health established this ministry as a department of the government of Canada, over which a Minister of the Crown shall preside. Under the clause stating the duties and powers of the ministry of health occurs the following:

(*a*) Co-operation with the provincial, territorial and other health authorities with a view to the co-ordination of the efforts proposed or made for the preserving and improving the public health, the conservation of child life and the promotion of child welfare.

It will thus be seen that the conservation of child life and the promotion of child welfare are the first special subjects mentioned in connection with public health.

While the nation, the community and the individual have great responsibilities in regard to maternal and child welfare, our profession will follow its highest traditions and consult its own dignity and best interests by accepting, assuming and occupying our own great field of usefulness as the chief authority on maternal and child welfare and the director and adviser of the state, the community and the individual in these matters. We owe a great deal to the specialists in obstetrics and pediatrics, but the general practitioner, educated by them, is our chief hope.

Are we satisfied with what we have done? Never! What is the present state of affairs? The number of births in the Dominion of Canada in the year 1919 was 214,000. What does that mean? It means an army always in the field—an army always in the trenches—an army always going over the top—a campaign of two hundred and eighty days and more. A heavy casualty list. And in too many cases the first thing we notice is a lack of regimental medical officers, and a lack

of organization and co-ordination of the the medical service of this army from the General Staff down to the orderlies and stretcher-bearers. Perhaps there are too many in some places; there certainly are too few in others. The figures brought before the academy not long ago by Dr. Gordon Gallie and other Fellows, viewed in conjunction with other information, makes us think that we lose in Canada at least ten or fifteen mothers for every 1,000 children born in this country. And when the two hundred and eighty days are over and the infant soldiers take the field with their mothers, the casualty list is still more terrible.

True our records are improving. From month to month in 1920 we have been cheered by receiving figures showing that in certain cities the infant mortality for two or three months at a time corresponded to an annual infant mortality of about forty per 1,000.

But taking all our Provinces together it must be acknowledged that a general infant mortality rate of one hundred is about the best that we can claim for Canada. New Zealand in 1919 reported forty-five, and the rate in England is now about eighty-nine. It needs no further argument to show that our best study and effort must be directed to the better discharge of our responsibilities to the mothers and babies of Canada. And we all know that the right place to begin is at home and with the persons over whom we have most influence. Those persons are ourselves and those who know us.

First of all vital statistics and especially the registration of births must come in for attention. This is a matter of primary importance. We cannot do much for people who need our help until we know who they are and where they are. The great improvement which may be looked for as a result of the work of the Dominion Bureau of Statistics, organized about two years ago and the steady general improvement in the vital statistics of each province are a source of encouragement, but we still have a long way to go, even in Ontario. It is hoped that a campaign in every Province of the Dominion for thorough and complete birth registration may be undertaken and may begin a new era in this respect.

We shall never discharge our responsibilities in this matter until, at the earliest possible date in pregnancy, every mother has the necessary medical and other care so that her health may be preserved and her life saved. We can never teach too

often that pregnancy is not a disease. It is a right and natural condition. All down through the ages that condition has fulfilled the highest hopes of humanity. It does so to-day and it will do so still more in the great era in which we ourselves have the privilege of living. The health of the mother should be as good or even better in pregnancy than at other times and with proper medical supervision and care this great result can be achieved. The first then, of all our responsibilities, is to evolve in private practice, in hospital practice, and in the field of public health and state medicine, some method by which this necessary care may be brought to every mother's door.

Let us not forget at the same time that it is quite possible to do harm even in our efforts to do good. Nothing will be gained by the crude methods of socialism, by taxing the middle class, the intelligent, hard-working, thoughtful, industrious people—the real strength of the nation—out of existence, and replacing them by parasites who expect everything to be done for them and do nothing for themselves or for their children. No, the situation is rather this. In 1911 Sir Arthur Newsholme pointed out in one of his magnificent reports to the local Government Board to whom he was for so long Chief Medical Adviser, that whereas the infant mortality rate in costermongers' families was over 180, the infant mortality rate in doctors' families was thirty nine. Now we could, if we had the chance, do as well for costermongers' families as we do for our own, so far as medical supervision is concerned. And if the other learned professions and the nation as a whole will attend to the education, the housing, the employment, the industrial conditions and other parts of the works we could and would do the medical part.

The question is:—How is it to be done? Answers are coming from all the Provinces of Canada and in none is the answer more satisfactory than in the Province of Ontario where we have already the province divided into districts and a specially qualified District Medical Officer of Health assisted by a Public Health Nurse, in charge of each district. In the city of Toronto, also, we have great care devoted to organizing child welfare work in the different districts of the city and we look for good results. The best organization and co-operation are essential if we are to succeed.

But in the end it all comes back to the individual. It is the old story over again about Wellington pointing to the British soldier going up the steps of a church somewhere in Spain dur-

ing the Peninsular War. Someone was asking the Duke as to the issue of the war. The Duke pointed his thumb over his shoulder at the Tommy Atkins of that day and replied, "It all depends on that article." It all depends on the personnel of the profession—on their training, their ideals, their standards, their knowledge and their ability "to fill the unforgiving minute with sixty seconds' worth of distance won." Let us therefore take a few minutes to consider what the individual physician owes to his patient, the individual mother and the baby-to-be.

It is our duty to preserve the mother's health by every means in our power; to see that she is kept in that condition of mind and body which will give the best result for her and her family and to direct all the forces of the community as well as of the family to secure this. We are to manage this business from the beginning to the end. The doctor is "The High Command," and if the husband needs a hint or a good many hints, we ought to cultivate such relations with him and with the family that we are able to give these hints and get them carried out. I think we shall all agree that the husband and father is usually only too glad of help and advice from the doctor in these directions.

At the time of the birth the doctor is released from all other duty. The doctor has two lives to save and that is enough at one time. No matter how urgent the next emergency may be, one of our colleagues will have to take the second if we are already engaged with the first and we must never leave the case until we are satisfied of the safety of our patient so far as that is humanly possible. This statement cannot be omitted because it is unfortunately the experience, perhaps of everyone present, and certainly of the greater number, to have known of cases where this fundamental rule appeared to have been forgotten.

With regard to the infant soldier, there is a very important matter which ought to be looked after within the first six hours after birth. It means nearly everything so far as the baby and infant mortality rate is concerned. Is there any one thing that would make a difference to infant mortality? There is. What is it? Nursing by the mother. Why is the baby not nursed by the mother? The mother nearly always says that the doctor or nurse advised her not to nurse the baby. Now she may not have heard correctly. It may have been some one else that gave her

that bad advice. People often unconsciously think that you say, not what you really do say, but what they consciously or unconsciously wanted you to say, or thought you would say. No doubt the profession is *wrongly* accused in many instances, but we *are accused* and that inevitably brings up the question as to the responsibility of the doctor for seeing that the baby nurses properly. On arrival the baby knows how to nurse. But that instinct which he brings with him in perfect order will fade a little with the first twelve hours; and after the first twenty hours it is more difficult to teach the baby to nurse. After the second day it is more difficult. The education and information of the mother on this point should be well attended to beforehand and she should be persuaded that she is going to nurse the baby and that she can. We must be assured of the assistance of the nurse—of the active, unquestioning loyalty and enthusiastic assistance of the nurse in this matter. On paying the first visit after birth the physician should see that the baby is nursing well and should give all needed direction in regard to the matter. If we always did this, the mother could not get the idea that the doctor said she could not nurse the baby. Indeed perhaps the best way is to be present when the baby first nurses. It is extraordinary how necessary this is, but it is necessary. Nursing may be resumed, even if it has been interrupted for a month or more. This is well shown by the work published by Pritchard, Truby King and others.

This is not a small thing. If we had 100% of Canadian babies nursed at the mother's breast or even 90%, our infant mortality would be as good as it is in New Zealand and we could hold up our heads before the world. Our American friends, e.g. in Minnesota, are working now on this line. ,,

Once more, the physician's responsibility to the mother includes proper care during the *puerperium* and a careful examination of both mother and child when the baby is about six weeks old, to make sure again that there are no lacerations of the perineum and that there is no other damage that needs to be repaired. And the doctor should arrange with the mother in the way that we do with our public ward patients and dispensary patients, to bring the baby to see him at whatever regular intervals he thinks best, certainly at least three times:—at three months, to change the baby's time-table; at

six months to see that the child has a crust and a chicken bone to educate himself with and at nine months, to prepare for the change from nursing to feeding.

People miss the care of the family physician very much. They are beginning to say so with a good deal of bitterness. This is the way they say it:—"The present fashion of seeing a doctor in his office and getting five minutes for five or ten dollars, is going to ruin the prestige of the profession. They are no longer family friends and confessors; They are monsters of selfishness and so-called science; certainly not Christian or any other variety useful to suffering folk." It is not a fair criticism, but it is a criticism made by one lay person in a letter to another lay person and perhaps there is some truth in it.

The duty owed by the physician then to the mother and the child is such care of the mother during the whole period of pregnancy as will preserve her life and health and that of her child. The further duty of general direction and supervision and management; then the duty of standing by at the time of birth until the two lives are safe. Then the responsibility of seeing that the baby nurses, if possible, within six hours, and continues to nurse at proper intervals, a regular printed or written time-table being given showing three-hour nursing intervals at first and no nursing at night as a rule; and at about three months of age or sooner, if the baby is doing well, four-hour intervals for nursing. Then the duty of seeing the mother's health and physique re-established; then directing her to bring the baby and come herself at suitable intervals to see him and perhaps reminding her to do so and finally seeing that the baby emerges from infancy and starts favorably on a healthy childhood between nine and twelve months of age.

Howard Davidson Harrison, M.D., F.R.C.S.

An Appreciation, by Dr. John Ferguson.

By the death of Dr. Howard Davidson Harrison the medical profession of Toronto, and especially the surgical division thereof, suffered a severe loss. He possessed an excellent physique, a most active mind, and a glorious disposition. In everything that goes to make up a perfect gentleman and an ideal practitioner he was of nature's and culture's finest workmanship. But a virulent attack of typhoid fever, in two brief weeks, laid low the body, shattered his fertile brain, silenced forever his cheerful voice, and stilled his cunning hand! Thus was cut short, at the age of thirty-three years, a most brilliant career; and the public lost the services of an able surgeon, and a noble citizen.

Dr. Harrison was a painstaking and conscientious student during his undergraduate years in the medical faculty of the University of Toronto. After graduation in 1910, he proceeded to the University of Pennsylvania, Philadelphia, where he paid special attention to Anatomy and Surgery, holding a fellowship in the former subject for some time. He then went to London where he came under the influence and teaching of the great masters of surgery. His devotion to his studies was rewarded by the securing of the Fellowship of the Royal College of Surgeons of England.

When the Great War broke over Europe he at once offered his services to the Imperial army, and, for a time, did service on a troopship sailing between India and Europe. He was later on given charge of the surgery in a large military hospital in Wales. His experience in this hospital was a most extensive one as he had the record of over two thousand major operations. In the latter part of 1917, he returned to Toronto, and continued his surgical practice among the returned men; and many there are who speak affectionately of the help he rendered them, and the cures he wrought.

He was of a most intensive nature and everything he did was done with all his might. He would play a game of cards with such eagerness as if the fate of empires depended upon the result. On the golf links he threw into the sport every ounce of energy and skill he could command. When doing an operation every cell in his highly trained brain was doing its

full duty. All this was in keeping with his theory that whatever is worth doing is worth doing well, and, at all costs, one should always try to win.

As in the case of Jonson towards Shakespeare, he loved his friends "this side idolatry only." He passionately loved his professional work, and he was whole-souled in his enjoyment of a manly game. It would be difficult, indeed, to find anyone who more fully enjoyed the pleasure of living. Life to him was a great and supreme possession. He looked into the future with radiant hope, because of the good he might do and the honorable fame he might win.

But the still small voice heard long ago
By Elijah, the immortal Tishbite,
Bade him all earthly duties forego,
For nobler tasks in Eternity's light.

In the words of Matthew Arnold, "He saw life, and he saw it whole." He held in full view the serious as well as the joyous. Like Carlyle, he would meditate upon "the immensities and eternities" as found in the mysteries of space and time. In a clear night, with the varying seasons, he loved to view once again the returning constellations with their brilliant stellar jewellings. Orion with his monster, Betelgeuse and Rigel, Leo with his beautiful and sparkling Regula, Lyra with her pure white Vega, and Caius Major with his gloriously blue-white Sirius, were all among his companions of thought.

The writer on a number of occasions had the opportunity of observing him operate. His technique was scrupulously perfect, and his manual movements dexterous, rapid and accurate. The results he secured were very gratifying; but his hand was stilled all too soon. They live long, however, who live nobly, and upwards of two thousand are enjoying life, or improved health, or better conditions to struggle for an existence, because of his skill.

Dr. Harrison was devoid of any trace of sham, cant or insincerity. No motto would have become him better than the good Latin one:—*"Esto quod esse videris"*—Be what you seem to be, or, in other words, be real. The Harrison one met, conversed with, saw playing a game, or performing an operation was always the real Harrison. He concealed nothing; for he was the personification of truth in word and deed.

A few hours before his death, a ray of consciousness shot across his mental horizon, and he looked at his nurse and said, "I am not going to make the grade: it is hard luck." He then

sank into unconsciousness, which deepened until he passed quietly and quickly through the gate, realizing, as only those who die can realize, the full meaning of the words of Arthur Hugh Clough:—

"Thus, 'tis true of all that's mortal,
That we, too, shall burst the bond;
For, though death sits by the portal,
Yet, 'tis life that is beyond."

Editorials

The New Ministry

We are glad to learn that three physicians have been included in the new ministry at Ottawa, and pleased to state that they are all endowed with considerable ability. We are, of course interested, especially in the Department of Health. So far as our knowledge goes, in this part of Canada, our choice would probably have been Dr. Manion, but we have absolutely no reason to find fault with the Prime Minister's decision. Dr. Edwards, the new Minister of Health, has had a wide experience both in medical and public affairs, and was, for many years a successful public school teacher; and, as we all know, a public school gives a man peculiar opportunities to learn much as to the health of a large and very important portion of the population.

DR. JOHN WESLEY EDWARDS.

Dr. Edwards was born in the County of Frontenac, which he now represents in Parliament, 56 years ago. He was educated at Sydenham High School and Ottawa Normal School. After teaching public school for some years he took the double course in Queen's University, and graduated B.A. and M.D. in 1900. He has the reputation of being one of the best platform speakers in Eastern Ontario.

DR. LOUIS PHILLIPPE NORMAND.

Dr. Normand, President of the Privy Council, was born at Three Rivers, Que., 58 years ago. He graduated from Laval in 1886. He soon commenced practice in Three Rivers, and since then has taken an active part in medical circles, especially in local and international associations. He was President, Coll. P. & S., P. Q., in 1907, and is at present Vice-President of the Canadian Medical Council. He has also taken a great interest in public affairs, was Mayor of Three Rivers from 1908 to 1912, and was elected Mayor again last year. He has the reputation of being a man of public spirit, and at the same time a person who is popular with all classes.

ROBERT JAMES MANION.

Dr. Manion, the Minister of Soldiers' Civil Re-establishment, although actually born in Pembroke, is regarded as a "native son" of Fort William, for which he has been a member

in the Commons since 1917. He received his medical education in Trinity Medical College, Toronto, and graduated from Trinity University in 1904. After graduating he was, for a time, a member of the house staff of the General Hospital, Ottawa. He then went to Edinburgh for post-graduate work. After his return he commenced practice in his home town, Fort William, and has attained a very high rank in his profession, especially in Northern Ontario. After the outbreak of the War he went overseas, and served with the French Army for a few months. He then joined the C.A.M.C. and did admirable work in the "fighting line." He was awarded the Military Cross for gallantry at Vimy Ridge.

Canadian Medical Association

Re-organization.

Certain important announcements were made in the August issue of the journal as follows:

1. The enlargement of our journal has been gratifying to our readers.

2. The increase of annual dues from $5.00 to $10.00 is advised because without such increase the journal cannot maintain a satifactory stand, nor, indeed, can it possibly live in its present form.

For many years the members of the profession in Montreal have personally assumed financial responsibility, but the time has now come for the whole profession to give its help.

Furthermore a full-time and well-paid secretary will be appointed as soon as funds are available.

Suggested Reforms.

It was further stated that an enlargement of the journal was an urgent need, if the provinces are to have room. This brought to light again the fact that a debt of several thousand dollars is still being carried, a debt which hampers all efforts at readjustment or expansion. *On the lifting of this load may be said to depend the continued existence of the journal.*

We reproduce these statements as they appeared in the C. M. A. J. without any change even as to italics, without comment of any sort at present.

Health Matters in Toronto

We are assured by "Onlooker," whose communication appears in this issue, that he has nothing but admiration for Dr. Hastings in a general way, but simply desires to enter a plea for economy.

This journal has always been, and is now, a supporter of the Toronto M.O.H. Dr. Hastings, as an efficient officer of health ranks second to none in North America, and if he has spent a good deal of money, he has produced commensurate results, which, from a business standpoint, mean a good investment.

However, we hope Dr. Hastings will realise he is spending the money of overtaxed ratepayers, a large proportion of whom are having a rather serious struggle for existence, and these are critical times, because of the existing financial depression, which will probably grow worse before it becomes better.

There is no doubt about the fact that the public are investigating all sorts of civic expenditure in a rather critical mood. However, Dr. Hastings is versatile as to ability, and can generally adapt himself to circumstances. We hope that while his critics are searching into his expense accounts they will not overlook the tremendous amount of good he has accomplished for the City of Toronto.

Vivisection and Anti-vivisection

Quite recently there was formed in Toronto a society called "The Toronto Anti-vivisection Society." Among the speakers were the following:

Dr. J. B. Fraser, in opening the meeting, stated that the object of the new organisation was to prevent cruelty to animals in any possible way. There was room for both the Humane Society and the Anti-vivisection Society. Why should medical men injure or torture animals? They had an honest wish to obtain information and there was a motive in view, providing the results from examination and experiment led to the alleviation of suffering human beings, but the conclusions arrived at had often led men astray and were not sound. The public was injured rather than helped. It would be to the public advantage if these experiments were suppressed. It is

a matter of much regret when a member of the medical profession gives utterance to such views. The boons that have come to humanity by properly conducted experiments with animals are very great and numerous.

Mr. J. W. Bengough contended that, even if vivisection were justified by results, it could not be justified at the bar of morality. He pointed out that there was a clause in the Criminal Code against cruelty to animals, and said that he believed that anyone performing operations on living animals, such as he described, could be prosecuted under the law. The report of the meeting stated that he had shown a number of pictures. It might be well for Mr. Bengough to direct his attention against hunting and fishing, whereby many animals and fish are injured, in addition to those that are killed. He might also raise his voice against trapping animals for their furs, and plucking birds for their feathers. It is not a far cry from killing animals for food, and killing them to find out methods of curing disease.

London Hospital

We have heard a good deal during the last year about financial distress among all classes of hospitals in Great Britain. Miss Barbara Blackstock informed us recently that the London Hospital in which she took the regular nursing course has reduced the number of beds by something like 200.

We read in *The Hospital* an account of an interesting incident in connection with this old and highly respected establishment. Queen Alexandra paid a surprise visit a few weeks ago to this institution, showing that her Majesty appreciates the serious situation in the hospital of which she is the president. *The Hospital* thinks it is only natural that the Royal Family whose members have done so much for voluntary hospitals during the last fifty years should be more alive than most people to the present enormous difficulties.

We can readily understand the financial difficulties of the London Hospital by considering the fact that the hospital costs £4,000 a week to run, while the present income is £2,500.

Queen Street Hospital for the Insane

The Government has decided to retain the old Queen Street Asylum in its present location without making any radical changes in the building as it now exists.

A few years ago, the cottage system became popular, and is generally approved as present. The group of buildings known as "The Whitby Hospital for Insane," is one of the finest institutions of its kind in the world. It was originally planned for 1,500 inmates and now has accommodation for over 1,200. At present there are about 1,000 patients in Whitby.

The Queen Street Institution in Toronto has now about 700 patients. Although built in 1844, on plans drawn in England, the building, which is a marvel in construction, is still in excellent condition. There is not a crack in the walls and the interior has been renovated to such an extent, in recent years, that the general condition may be called first-class.

The Government at present is in a dilemma. The Queen Street property was sold to the Grand Trunk on such terms that it can be used as an asylum as long as it is needed, but not until it is vacated and handed over, will the railway pay the purchase price, one half-million dollars. The Government would like the half-million but cannot conveniently vacate now or perhaps for some time to come.

Harley Street Doctors

We understand that the fashionable doctors of Harley Street, London, England, are suffering severely from the financial depression at present existing in England. In addition to the general depression, the high cost of living, including enormous increases in rent, is embarrassing them greatly. After the armistice there was a considerable influx of provincial and ex-army doctors who, for a time, paid high rents for quarters by long custom reserved for those with hospital appointments. *The Hospital Medical Journal* tells us the slump in professional work is driving home the truth that an address in Harley Street is not in itself an "open sesame" to fame and fortune.

News Items

The annual meeting of the Canadian Health Association for 1922 will be held in St. John, N.B. Hon. Dr. Roberts, the efficient Minister of Health for New Brunswick, is taking great interest in the matter, and desires us to inform the profession of the Dominion that the meeting is likely to be an unusually good one.

Dr Gordon Bates returned from a visit to England in the latter part of August. While in England he attended a meeting of the Executive of the British Council for Combating Venereal Disease, under the Chairmanship of Sir Lincoln Morris. He also spoke at a special meeting of this council describing the work of the Canadian Council and recent laws enacted in Canada.

Mrs. A. M. Heustis, of Toronto, Honorary Treasurer of the Canadian Council for Combating Venereal Disease, is in Europe, where she will probably remain for a year. During her stay Mrs. Huestis will represent the Canadian Council at the meetings of the British organization.

Hon. Wm. A. Charlton is leaving politics at the age of eighty, but we are glad to be able to state that old age is not the cause. Gladstone in England was not old at eighty, neither is Charlton of Canada old to-day. He is still able to engage in much active work, especially in connection with the Victorian Order of Nurses. He has, also, accepted the position of President of the National Sanitarium Association in the place of Sir William Gage, deceased. This means much responsibility and a considerable amount of work, which, happily, Mr. Charlton is able to perform at present, and we have every reason to hope, for several years to come.

Dr. F. C. Stephenson, who has recently returned to Toronto after an extended tour in Japan and China, gives much interesting information regarding matters in those countries. Dr. Stephenson graduated, M. D., from Trinity University in 1898, and, after practising for a time, engaged in medical

missionary work for the Methodist Church in the Far East, but especially China. He has fears concerning the ambitions of Japan, chiefly because of the power and inclinations of the military caste, which he considers decidedly war like. He thinks the Japanese are looking with covetous eyes upon China.

Dr. Geo. Clinton, of Belleville, while motoring from Madoc to Belleville, September 18th, met with an accident on a dangerous portion of the road, when his car left the track and was turned on its side in the ditch. He sustained a simple fracture of the right arm, Mrs. Clinton, fracture of three ribs and injuries to the back, Miss Jean Clinton, his daughter, fracture of the acromion process and cuts on the arm. All three suffered more or less from shock, but, at last accounts, appeared to be on the road to recovery without any serious complications.

At the recent annual convention of the British Columbia Medical Association, the president, Dr. A. S. Monro, in his address, referred to the fact that Dr. G. L. Milne, of Victoria, was the only survivor of the little band of physicians who formed the association in Victoria in 1886.

Lord Herbert of Lea

Among the many Canadians who have seen the statue of Florence Nightingale which stands in Waterloo Place, London, how many have noticed that beside it is a statue of Lord Herbert of Lea? Perhaps to some who have happened to look at it and read the inscription the question has arisen: Who is Lord Herbert and why is his statue here?

An article in the B.M.J. of July 31 referred to the fact that at a recent function Sir Alfred Keogh spoke of the debt that military medicine owes to Lord Herbert of Lea.

Lord Herbert was Secretary for War during the Crimean campaign, but why does that make him worthy of such a memorial? Lord Herbert as minister was member of a government which fell during the war, but, strange to say, he was the principal adviser to the succeeding government on everything which concerned the medical service. The Journal says "never was there a wiser or saner adviser to any cabinet, responsible for the conduct of war."

Florence Nightingale possessed great ability and wonderful powers of observation, but was probably not what we should call a womanly, lovable woman. Though an eminently good

woman her disposition was slightly waspish. Sidney Herbert selected her for important work, and sent her out to the Crimea with orders to communicate directly with him as the Secretary of State. He, "knowing her limitations, turned her great powers to the best account, through the filter of his own, still greater wisdom." She lacked patience and reasonableness, both of which Lord Herbert possessed in high degree. Her judgment was often harsh and her statements exaggerated. Lord Herbert wrote plainly to her of her failings: "You will have read McNeill's and Tulloch's report. It is a signal illustration of what I mean. There is not a hard word in it or an epithet, not an accusation, scarcely an animadversion, but the sobriety of tone has arrested the attention and conquered the confidence of the public, and they have made the necessary inferences, and pretty broad ones, too. The fact is, the public like to have something left to their imagination, and are pleased with their own sagacity when they have found out what is too obvious to be missed. It is always wise, too, in a public document to understate your case. If, on examination, your case proves stronger than you have stated it, you reap the whole advantage. If, however, any part, however, slight, is shaken, the credit of the whole is shaken with it. My moral is that you must write more calmly and not yourself accuse or attribute motives to those whose misstatements you may disprove and whose misconduct you may expose without either, and do it far more effectively, too."

It was a happy inspiration, the Journal thinks, that led Sir Alfred Keogh to recall to memory the debt of the Army Medical Service to Lord Herbert of Lea

PERSONAL

Professor Irving H. Cameron returned to his home in Toronto September 12th, after a visit of about four months to England.

Obituary

H. D. Harrison, M.D., F.R.C.S., Eng.

With very deep regret we have to announce the death of one of the most brilliant surgeons Toronto has known. We are glad to publish in this issue an interesting appreciation by one who knew him intimately—Dr. John Ferguson.

Dr. A. H. Perfect was also an intimate friend, and he has expressed opinions about Dr. Harrison, similar to those held by Dr. Ferguson. In speaking to some friends he said, "We in the Western Hospital know, at least in part, what we have lost, and we all fear that he cannot be replaced."

Dr. Harrison was only 33 years of age, and it is rather wonderful that he should have acquired such a high reputation at so young an age.

Major Fred J. Munn, B. A., M. D.

Dr. Fred J. Munn, of Toronto, died in the Wellesley Hospital, of this city, September 11th, of typhoid fever, aged 40. He did much work in the war and attained the rank of major. After the war he returned to private practice at 1086 Bloor Street West, and remained in that location until his last illness.

Edna Robertson, M.D.

Dr. Edna Robertson, of Birchcliff, died at the Wellesley Hospital, Toronto, after a very short illness, September 15th. Her maiden name was Edna Cowling. After teaching school for three years, she graduated M.B. from the University of Toronto in 1914. She was married to Dr. H. C. Robertson in 1915. After her marriage she and her husband lived one year in Alberta, then returned to Toronto.

Book Reviews

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. II, 31st series, 1921. Philadelphia and London: J. B. Lippincott Company.

The second volume of the International Clinics keeps up the high standard of this publication. The medical and surgical portions are particularly good. Emil G. Beck has an article on radical surgery as an aid to efficient therapy with radium in apparently hopeless cases of carcinoma, in which he advocates the removal of overlying tissue so that the effect of the radium may be increased. This report of several satisfactory cases suggests the more extensive use of this method.

Of rare and interesting cases, too, there are some good examples. Parkes Weber describes ateleiotic dwarfism, and Julien Le Nouene has a long article on hydatid pseudo-tuberculosis of the peritoneum. The section on Industrial Medicine promises to be very valuable in view of the fact that so many manufacturing concerns are now putting on whole-time surgeons.

Practical Psychology and Psychiatry. For use in training schools for attendants and nurses and in medical classes and as a ready reference for the practitioner, by C. B. Burr, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for mental and nervous diseases. Fifth edition, revised and enlarged, with illustrations. Philadelphia: F. A. Davis Company, publishers, 1921. Price, $2.00.

Some years ago Dr. Burr attempted to prepare a text book in simple language suitable for those who required to know something of mental diseases. How far he has succeeded in his aim may be judged from the fact that this is the fifth edition. The author begins with a short discussion of psychology, followed by some general considerations of its pathological manifestations. Over 100 pages are devoted to the classification of insanity with clear explanations of each type, while the part of the book dealing with nursing and prevention is most complete.

Throughout the whole work one is made aware of the profoun dexperience of the writer, who has a style at once lucid and elegant. He constantly refers to cases of the greatest in-

terest which have come under his care, and which are so apt in illustration that the student can scarcely forget the point the writer wishes to make.

Out of so many splendid chapters, it is perhaps hardly fair to select one, but the pages on sex hygiene and sex education are so eminently sane that they are worthy of great commendation.

The letter press and general shape of the book reflect great credit on the publishers.

Correspondence

Call a Halt, Dr. Hastings!

To the Editor of the Canadian Practitioner.

DEAR SIR:

Quite recently the press of Toronto announced the fact that the number of nurses to be engaged to do city duty at the salary of $1,627 a year, or $31.25 per week. The press stated that Controller Gibbons opposed the salary because it was too high, but that Dr. Hastings signed for it, and induced the Board of Control to adopt the scale.

I agree with Controller Gibbons, and not with Dr. Hastings, M.O.H., for Toronto, who, I believe, has been dipping too deeply into the city's funds for the maintenance of his department. The Health Department costs now $1.25 per capita, and with a population of 522,666, this comes to the tidy sum of $653,332.00 for the current year.

I do not object to the city nurses receiving an adequate reward for their services, but $1,627 a year for beginners is certainly too much. A nurse graduates in three years, after having had a high school education. During the three years she is in training in a hospital, she is supplied with room, food, uniform and books. She gives her time for her training.

In the case of a young woman who goes in for teaching the period of training is considerably longer, and she has to bear all the cost of fees, books, clothing, room, and food, and also, like the nurse, give up her time. The case of the teacher is one demanding, for these reasons, a higher initial salary than that paid the nurse. But the teacher begins at $1,000 a year, and has an increase of only $50.00 a year. She is therefore,

teaching twelve years before she reaches the salary with which the nurse begins, whose education was much shorter and much less expensive.

But the effect is bad in many ways. It has the effect of seriously increasing the cost of nursing the people, by inflating the fees sought by nurses. It is bad in another way, as it compels struggling hospitals, charities, and institutions to materially advance the pay given nurses in charge of these institutions.

Finance Commissioner Ross comes out with a stern warning that the City of Toronto is on the verge of reaching the limit of its credit. He makes the alarming statement that the debt of Toronto, now $103,000,000.00 gross, and $75,000,000.00 net, will, in a few years rise to $150,000,000.00 due to street railway purchase, improvement in the streets etc. This should make everyone think. To carry on the necessary city expenditures, and meet the interest on such a debt, will place such a tax upon all as to seriously cripple the city's growth.

—Onlooker.

Abstracts

The Minor Signs of Gall-Stone : How to Prevent Hepatic Colic

By Louis Bigxon, M.D.

The symptoms that usher in *biliary lithiasis* or gall-stone are more particularly dyspeptic—namely, a feeling of fulness and weight in the epigastrium, oppression supervening half an hour after meals, flatulence and eructations often associated with aërophagia, these symptoms being often relieved by vomiting; intolerance of certain articles of diet, especially fermented cheeses, eggs and fats. During the periods of discomfort the patient tends to sit with the body inclined forward and with the right thigh flexed on the pelvis. He complains of difficulty in taking a deep breath, of pain beneath the costal margin and, during his attacks of indigestion, of a sensation of cold and goose-flesh. All these signs point to the existence of calculi in the gall-bladder.

The earliest symptoms comprise pain with sour regurgitation, a feeling of weight with dragging, yawning and respiratory oppression, coming on about an hour after a meal and lasting an hour or two. The later symptoms, more frequently met with, and much more distressing, make their appearance about four hours after a meal. These comprise severe pain, radiating into the back and upwards into the scapula accompanied, it may be, by vomiting of bile or food suggestive of hyper-chlorydria, but not necessarily accompanied by gastric acidity.

Then there is a gastralgic attack, well described by Chauffard. In certain subjects, without any dietetic misconduct or known alimentary cause, but often after physical fatigue, sudden shocks or violent emotion, we get sharp pain in the region of the stomach with a feeling of tightness, of visceral cramp. This supervenes some time after a meal and lasts rather a long time, subsiding under the influence of hot applications to the epigastrium. Its paroxysmal character and the absence of any pain in the interval between the attacks are highly significant features and should put us on our guard. In point of fact these are incomplete attacks of hepatic colic.

Another sign is the post-prandial diarrhœa of bilious subjects. The patient complains of sharp pain referred to the epigastrium or to the region of the gall-bladder with a feeling of torsion and angor almost amounting to syncope. Then come on sharp griping pains in the abdomen with a peremptory call to evacuate the bowels, the motion being principally pure bile and followed by a sensation of burning in the rectum.

Then there is the Murphy sign. The patient is unable to take a deep inspiration when the doctor's fingers are pushed well in beneath the costal margin on the right side, below the edge of the liver. The diaphragm comes down until the tender gallbladder reaches the examining fingers, when inspiration suddenly stops as if inhibited. That is Murphy's sign, and Abraham's sign is very similar. The patient lying on his back, we select a point situated midway between the umbilicus and the ninth costal cartilage. The index and middle fingers of the right hand are pressed well in, whereupon the patient complains of sharp pain as if he were being stabbed. The pain recurs each time the fingers are thrust in.

We ought to be familiar with these signs, because we may be enabled to infer the existence of gallstone before the supervention of gallstone colic, and so institute a treatment to prevent that stage. I think the colic can be averted by timely treatment. I believe that in oleate of sodium we possess the means of preventing the formation of calculi and dissolving those already in existence.

But oleate of sodium, which exerts a solvent effect on the calculi, cannot *per se* provoke the flow of bile that is to carry off the "mud." I prescribe at the same time decholesterinized and depigmented bile, which exerts a stimulating action on the secretion of bile and establishes the flow required to carry off the deposit.—*The Medical Press and Circular*, Aug. 3, 1921.

A New General Aenesthetic: its Theory and Practice

By R. L. Mackenzie Wallis, and C. L. Langton Hewer: Proc. Royal Society of Medicine, Aug., 1921.

Dr. Wallis is the originator of this anæsthetic and the Dr. Hewer its administrator. Dr. Wallis gives a very lucid descriptios of the principle of its manufacture. He found by experimentation that absolutely pure ether had no anæthetising

power, and anæsthetic ether was, therefore, valuable because of its impurities. An investigation of the latter showed that the anæsthetising value lay in the ketone impurities. Accordingly these were isolated and were dissolved, in varying proportions, in pure ether, producing a new anæsthetic, named by Dr. Wallis "ethanesal."

Dr. Hewer then reports the results of the use of this anæsthetic in 500 cases and gives the following summary of its advantages:

"(1) It is less toxic than chloroform or ether, and the safety margin is greater than with either.

(2) It is less irritating to the respiratory passages than ether, and consequently there is less risk of subsequent bronchitis and pneumonia; the induction of anæsthesia is also rendered easier.

(3) Post-anæsthetic vomiting is less than with chloroform or ether.

(4) The taste and smell noticed afterwards by the patient are ver y much less than with ether and are generally absent."

Our London Letter

(From our own Correspondent.)

MEETING OF THE BRITISH MEDICAL ASSOCIATION AT NEWCASTLE-ON-TYNE.

The annual meeting of the British Medical Association was held in Newcastle-on-Tyne from July 19 to July 23. The meeting was successful and well attended. On the afternoon of July 19, Sir I. Clifford Allbutt relinquished the presidential chair, which he had occupied from 1916, to Professor David Drummond, C.B.E., M.A., D.C.L., Vice-Chancellor of the University of Durham, and professor of the Principles and Practice of Medicine at that University.

In introducing the president-elect, Sir Clifford referred to him as the most distinguished representative of medicine in its narrower sense in the North of England, and a most cordial reception was given the professor, who expressed himself as deeply impressed with the honor and responsibility they had conferred upon him.

The President's address was concerned with the future of the medical profession, and especially with the proper training of students and post-graduate students to carry on their profession in the best interests of public and domestic health. Of course preventive medicine is largely the medicine of the future, and Dr. Drummond dealt with an important phase of it, a phase with which Sir James Mackenzie is also dealing, that of accurate diagnosis. Without accuracy of diagnosis, correct treatment is impossible. Sir James Mackenzie is endeavouring to train practitioners to detect and appreciate the significance of early symptoms. Dr. Drummond in his address advocated the right of medical practitioners to claim post-mortem examinations as the only true means of insuring accuracy in diagnosis, an admittedly revolutionary suggestion, which, to become effective, would require the indorsement of a public opinion, at present dominated by prejudice. The President pointed out that at the present time diagnosis was in very many cases only a matter of opinion, which must remain in doubt, unless cleared up by an autopsy. In making the statement, however, he trusted it would not be thought he was casting any blame upon the doctors, for the marvel was that the opinion expressed was so often correct. Revolutionary, it certainly would be, Dr. Drummond went on to say, but what an enormous gain to have our doubts set at rest; and it was not too

much to hope that ere very long the public and the profession would be educated up to feel that truth above all things must prevail. In urging the necessity for greater facilities for post-mortem investigation in clearing up doubts which must arise in the mind of the doctor in many cases, he was indicating the most important step towards a rational scheme of post-graduate training. It was, perhaps, unnecessary to dilate upon the enormous advantage it would be were post-mortem examinations universal; for all save those who never made them, were prepared to admit their educational value, and he had little doubt that the opposition to a movement in this direction, begotten of prejudice in the public mind, would soon vanish were the incalculable service to the science of medicine made sufficiently clear. Dr. Drummond drew attention to the fact that while accuracy in diagnosis was of the first importance, the search after truth in nearly every other direction as well was lax and indeterminate. He suggested certain reforms. Basing the remarks upon the experience gained in forty busy years of consulting practice, Dr. Drummond asked if they were satisfied with the position their profession occupied in the scheme of national polity. And answering the question himself, proceeded to show that they were not satisfied and pointed out how matters might be improved and the advance of surgery hastened. It was evident that they were becoming an indispensable factor in the government of the country, a state of affairs that had arisen with their efficiency. That study was a soul-stirring thought which could not fail to stimulate them to still greater effort. Dr. Drummond concluded wih these words: "With the standard of our high calling kept in view, we, in whose hands it rests at this present to shape the immediate course before us, are ambitious that we should leave to our successors an increased store of doubtful points cleared up and settled; and should leave certain obstacles on the way forward definitely removed; so that they, our successors, may be freed from the first, to attack fresh and perhaps more intricate problems which will, assuredly, present themselves for solution. I would fain echo the words of one of the world's pioneers: 'Now understand me well; it is provided in the essence of things that from any fruition of success, no matter what, shall come forth something to make a greater struggle necessary.' Some considerable fruition of success is already ours; led by courage and confidence we shall triumph in many another encounter."

The papers read in the Section of Radiology and Electrotherapeutics were excellent. The first subject discussed was radiation in the treatment of diseases of the blood. The discussion was opened in an able paper by Dr. G. Lovell Gulland, Professor of Medicine and Clinical Medicine, University of Edinburgh. He impressed upon the minds of his hearers what it is that is attempted to be done by radiation. It had shown its value in the removal of inflammatory products, using the term in its widest sense to include such conditions as lymphadenoma, in restraining the abnormal cell growth in neoplasms of all kinds, and in causing the destruction and removal not only of neoplastic cells, but of cells which had assumed an exaggerated function, such as the thyroid cells in exophthalmic goitre. But it was a two-edged weapon in this respect, that what one might call this calming effect might be preceded or followed by a stimulating effect. The former result was, perhaps, best seen in some cases of exophthalmic goitre in which one found that radiation would at first produce a marked increase of symptoms followed later by improvement. The latter result was illustrated by the neoplastic change which might follow on radiation, and it was even possible that the relapses which occurred in myelocythemia, for instance, might, to some extent, be caused by this stimulating effect, though from the ordinary tendency of this disease to relapse, this was a matter probably incapable of proof. He confessed, however, that it had seemed to him that the more energetically a case was treated, the more certain it was to relapse in a relatively short time. In which of the blood diseases then, was radiation likely to be useful? Obviously in those associated with hyperplasia rather than in those with hypoplasia of the blood elements, in the leukemias rather than the anæmias. No one would attempt to treat a secondary anæmia by radiation of the spleen or long bones. The place of radiation in these conditions if it was indicated at all, was in the treatment of the casual agents, cancers, uterine myomata etc., in so far as these were not susceptible of removal in other ways. Chlorosis, if it was really due to an excess of blood plasma and the attempt of an overworked marrow to keep the plasma full of corpuscles, might conceivably be treated by radiation; but so long as ferrous carbonate was to be obtained even the most enthusiastic radiologist would hardly experiment in this direction. Dr. Gulland did not favor radiation in the treatment of pernicious anæmia, but pointed out there was one

What's 10 Grains of Caffein Among Friends?

For a neurasthenic—with insomnia, high blood tension, an irritable heart, weakened digestion, and an atonic condition of the bowels—to drink tea or coffee is quite as sensible as to pour oil on a fire in order to put it out; or to spur a fractious horse for sedative purposes.

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disease of the blood in which radiation deserved a much more systematic trial than it had yet received,—polycythemia vera, or Paquez's disease. Of the leukemias, radiation was useless and probably harmful in acute lymphatic leukemia.

The most favorable form for radiation was chronic melocythemia and he drew attention to the fact that the amount of radiation required varied greatly in different cases, partly because of the different periods in the disease at which treatment was begun, partly because of the general condition of the patient, and probably because of unknown factors also. The reason why myelocythemias are so much more amenable to radiation than the myeloblastemias, was that the cells affected were of a much more differentiated type, they approached more nearly to a benign tumor. The chronic lymphocythemias were rare in comparison with the other two forms, and as regards radiation occupied a middle place. Dr. Gulland concluded by saying that while he had no technical knowledge of radiology, it seemed to him that the problem of the future in regard to blood diseases, in particular, was the question of accurate dosage, especially the determination whether the doses should be massive and far apart or small and long continued, and in what way the evil effects of radiation, which he was inclined to think, in some cases, complicated the disease, might be avoided.

Professor S. Russ discussed briefly some contrasts in the effects of X-rays and radium upon blood cells. He pointed out that a study of the effect of X-rays upon circulating leucocytes of the rat had shown that whereas for a certain measured dose of X-rays the effects upon the lymphocytes were regular and could be repeated, simultaneous observations upon polynuclear leucocytes showed that here the changes produced were quite irregular, for an increase or decrease might occur in their numbers as a result of exposures to radiation. These outstanding differences in behaviour were illustrated by blood counts upon the same batches of animals. Observations had also been made upon the effects of exposure of the body to rather large quantities of gamma rays. In this case blood counts were made immediately before exposure to the radiation, which lasted for some hours; counts were then made two and seven days after the exposure. Here again it was found that a greater regularity was observed in the behaviour of the lymphocytic than in the polynuclear forms.

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Mr. J. C. Mottram, in the same section, read a paper on the use of blood counts to indicate the efficiency of X-ray and radium protection, and, after having surveyed the changes which were to be found in the blood of X-ray workers, concluded thus: 1. That a single blood examination may give a warning of danger if the count be near the low limit for normals. 2. That a considerable fall with a sustained low level in the repeated blood examinations of a single individual indicates that insufficient protection is being provided. 3. That if several workers in the same department present very low counts, this also shows that further protective precautions are required. 4. That in workers using soft X radiation special attention should be paid to the lymphocytes, because these cells are more likely to be affected than are the polynuclears or red cells. Mr. Mottram ended by regretting that rulings more precise than the above could not be laid down; but this would not be possible until further data in respect of both normal individuals and X-ray workers had been collected.

In the same section, Dr. E. P. Cumberbatch, Medical Officer in charge of Electrical Department, St. Bartholomew's Hospital, read a paper on surgical diathermy. He commenced by describing the methods of employing diathermy and went on to say that most of the work on surgical diathermy with which he was acquainted had been performed on growths of the nose and throat. He had treated growths of the uterus, rectum, breast asd elsewhere, but the cases were so advanced, the growths having spread into parts that could not be destroyed without danger, that the treatment was necessarily incomplete, and where there was improvement it was of short duration. Hemorrhage was the complication most to be feared, but in his experience sepsis was very rare. Rodent ulcer was the form of malignant disease most amenable to this kind of treatment. With regard to non-malignant growths, papillomata of the bladder should receive first consideration, because diathermy appeared to be the most suitable method of treatment. For nevi of the mucous membranes diathermy was very suitable, even if other methods had failed and excision was inadvisable. For nevi in and under the skin diathermy was less suitable. In the case of cavernous nevi it was difficult to prevent destruction of the skin. Hemorrhoids had been treated with some success by these means and enlarged tonsils had been excised by diathermy, using the Vlade electrode. The kind of infective granuloma for which he had tried coagu-

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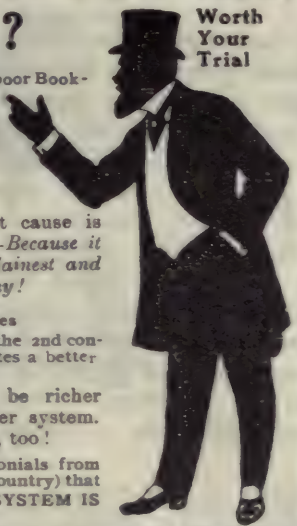

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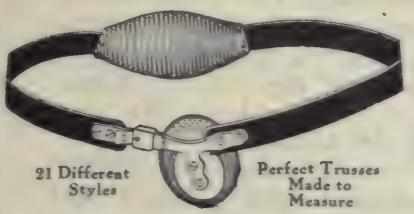

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lation by thermy was lupus. He had treated three cases. One of these had shown no recurrence after two years and the others were treated one year ago and there had been no reappearance. ance. Lastly, fulguration was considered and the opinion expressed that fulguration was an excellent treatment for warts, either flat or pedunculated, for papillomata of the skin, for telangiectasos, and for pigmented areas of the skin. With regard to the latter, the method must be performed with extreme thoroughness, or areas of pigment would reappear. He believed, however, that ordinary diathermy was a more certain method. He had treated a large area of skin, deep brown in color, occupying the greater part of the sub-maxillary region, part by sparks and part by diathermy. The former method was less effective, and minute specks of pigment had reappeared.

Perhaps the distinctive feature of the meeting was the attention paid to preventive medicine and to industrial hygiene in particular. It would be impossible within the scope of this account to refer in any detail to the numerous valuable papers and discussions dealing with these subjects. On the other hand, an account would be incomplete, without describing however briefly, a few of the papers contributed. In the Section of Preventive Medicine with Industrial Diseases, over which Sir Thomas Oliver presided, Dr. Edgar Leigh Collis, Talbot Professor of Preventive Medicine, University of Wales, rea a paper on the importance of inustrial medicine to the community. Dr. Collis said in part that previously the public only came into contact with the profession in case of illness. Questions affecting the maintenance of health were impersonal and left to the public services concerned with the water supply, drainage, etc. More recently, however, the personal note had been sounded in relation to maternity and infant welfare, school medical service and venereal clinics. Adult life was just touched, but, generally speaking, means had yet to be found for bringing preventive medicine into direct contact with the adult. For this purpose, industry, which gathered the adults together, provided the means. The points were, whether the community would benefit if industry shouldered the responsibility, and whether industry itself would benefit. The benefits to both were closely interlocked. The proposition put forward was that industrial medicine could save, at a conservative estimate, one hundred and forty million pounds. There were over forty thousand doctors in the Kingdom. If half were employed by industry at two thousand pounds a

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year, the amount forty millions would leave a balance of one hundred millions a year. Such wholesale engagements were not proposed or needed, but the figures indicated the promise of a great profit, and a great social service. The community greatly needed an industrial medical service, in the interests of health, economy, efficiency and social contentment. A special address was delivered on July 20, in the King's Hall, Armstrong College, by Sir Thomas Oliver, M.D., F.R.C.P., Consulting Physician, Royal Victoria Infirmary, Newcastle-on-Tyne. Sir Thomas Oliver pointed out that within the past few years the scope of industrial hygiene had widened. It now included not only consideration of the conditions under which work was carried on, the hours of labor and diseases incidental to occupation, but it dealt with the physical effects of work as seen in fatigue and how hours of rest might be correlated so that there might be obtained the maximum of effort, also that the hours of respite from labor might be made sufficiently long for recovery from exhaustion to take place. Arising out of legislation passed for improving conditions of labor and shortening the hours of work, and proceeding through medical supervision of workers and the elimination of the unfit as well as the substitution of comparatively harmless for harmful methods of production, of industrial medicine it might be said that, although it had made such rapid strides that many of the results obtained had become fresh energizing influences in the life of nations, yet many opportunities for good still lay in front of it. Sir Oliver discussed lead poisoning at considerable length and dealt with other dangers of occupation. The question of fatigue was considered at some length and the speaker concluded by saying that since industrial medicine had come to stay, facilities would in the future have to be provided to medical students and young graduates to become familiar in a practical manner with its objects. Never were the times more opportune than to-day. The prosperity of a nation was intimately bound up with the health of the people who composed it. Preventive medicine had, practically speaking, swept the British Isles clear of typhoid fever and considerably reduced the mortality of diphtheria. What it had accomplished on the side of public health, it could also accomplish with regard to occupational disease. There was a psychology of industry just as there was a physiology. Psychology was no longer simply "the science of mind on soul," but "the science of the facts of human nature and behaviour," and there was no department of human activity

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which offered greater scope for its study and application than industry. Employers no longer regarded "industrial hygiene" as something to be turned down on the ground of its interference with labor, and the conditions under which it was carried on. They recognized that it introduced into industry just that something with a touch of humanity in it which softened the asperities of labor, made occupation more healthful, and tended to bring employers and employed into closer touch with each other. In the ever enlarging sphere of industrial enterprise, to which the various sciences were contributing and the needs of the world were calling for, lay the opportunity of industrial hygiene. It may be mentioned that prior to the delivery of Dr. Drummond's presidential address, Sir Dawson Williams, C.B.E., M.D., F.R.C.P., Hon. D.Sc., was presented with the Gold medal of merit of the Association in recognition of his distinguished services to the Association and the medical profession as editor of the *British Medical Journal*. The Medal of Merit was instituted by the Association in 1887, and is only awarded by the council for very distinguished services to the Association or extraordinary professional services. At the hands of the Right Hon. Sir Clifford Allbutt, R.C.B., F.R.S., a cheque was presented to Dr. J. A. Macdonald, LL.D., of Taunton, Somersetshire, past chairman of the council, and formerly chairman of the Representative Meeting. Sir Clifford asked Dr. Macdonald to accept the cheque as a small token of their friendship and as a symbol of the gratitude they felt for his valuable services to the Association. Dr. Macdonald has done much good work for the Association in an official capacity. In 1914 he was sent as their ambassador to New Zealand, Australia and the Far Eastern branches, and again last year he went to South Africa, bringing great influence to bear in strengthening the alliance between the two branches in those outlying Dominions and the Association at home.

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Selections

Helminthiasis and Dysmenorrhoea

M. G. Leo (Bulletins de l'Acad. de Med.)—Eight cases of dysmenorrhoea associated with intestinal worms have been treated by the writer solely by vermifuges and with complete success. One patient had suffered regularly every month from the age of 14 to 36. The first month vermifuge treatment permanently cured the dysmenorrhoea. There could be no question of suggestion as the physician was as much surprised at the result as his patient. Equal success was met in the 7 subsequent cases. As a rapid method of diagnosing helminthiasis the writer has found Couillaud's sign very useful. This sign consists in hyertrophy of the fungiform papillae of the tongue which become visible to the naked eye as little red dots on the tip and margins of the tongue. This sign is usually confirmed by the discovery of eggs of the parasites in the rectum.—The Medical Review.

The Relation of Hyerthyroidism to Diabetes

By R. Fitz.

The literature on the subject, which the author reviews, indicates that the possibility of a relationship between hyroidism and diabetes has been recognized for a long time. The earliest report dealing with this relationship was that of Dumontpallier which appeared in 1867. In 1906 Friedrich Mueller suggested that a special type of glycosuria is related to exophthalmic goiter.

Thirty-nine hitherto unreported cases are reviewed. Thirty-three of these case-reports were obtained from the Mayo Clinic and 6 from the records of the Massachusetts General Hospital. Five patients with non-toxic goiter ewre operated on with no mortality; 6 with exophthalmic goiter, with one death; and 6 with toxic adenoma, with one death. Operation is not contra-indicated in properly selected cases. Hyperthyroidism and diabetes occur together in a small number of cases but there is no established evidence that such coincidence is due to more than chance.

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Thyroidectomy alone has no curative effect on the diabetes. This is shown by the patients with non-toxic goiter whose diabetes did not improve after operation. In the cases of certain patients with toxic thyroid disease and diabetes who improved after partial throidectomy, the improvement was due probably to the lowering of the basal metabolic rate—Surgery, Gynecology and Obstetrics

The Source of the Toxin of Eclampsia

Examining the views which have been put forward from time with regard to the origin of the toxin of eclampsia, Gessner (Zentralbl. f. Gynak.,) points out that when by the demonstration of eclampsia in cases of hydatidiform mole (where there is no foetus) the theory of foetal origin had been disproved, an origin of the toxin from the placenta was claimed first by Veit and later by Hofbauer. Veit explained eclampsia as due to poisoning with syncytio-toxin, for which an antibody had not been manufactured by the body cells with sufficient rapiditv. This view was abandoned when investigation failed to show the existence in the placenta of an antigen. Holbauer, although he has abandoned the view which regarded eclampsia as an anaphylactic reaction, still believes that it is due to a maternal intoxication with deleterious products derived from the placenta. Gessner believes that all theories of a placental origin of the eclamptic poison are untenable, his paper is mainly directed to a criticism of Holbauer's contentions in the two following respects: first. Hofbauer states that the anatomical peculiarities of human placentation (and human placentation alone) are such as to allow to allow processes of chorion to be bathed in maternal blood, with consequent facilitation of the passage of ferments (and other bodies) from one into the other. So far Gessner is in agreement, but he points out that Hofbauer's statement that eclampsia, in correspondence with this biological peculiarity, is confined to the human species, is incorrect. Eclampsia also occurs in young cattle. The second objection put forward by Gessner is that in pregnancy with chronic nephritis repeated placental infarctions not infrequently occur, giving rise to favourable opportunities for entrance of placental substances into the circulation; in such circumstances, however, the eclamptic phenomena are excessively rare.—The British Medical Journal.

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The Canadian Practitioner and Review

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Original Communications

The Address of the President, Academy of Medicine, Toronto

"The General Practitioner."

By Robert T. Noble, M.B.

It is a particular honor for me, as President of this Academy, to have the privilege of sharing with you the satisfaction of holding a meeting of this kind in our own building. This has been made possible by the foresight of those men who were responsible for the formation of the Academy of Medicine, Toronto, and who were instrumental in securing for our occupation one of the most desirable properties in Queen's Park and by the generosity of the University of Toronto, which has demanded only a very nominal rental. But, as we are only too well aware, the old quarters have become inadequate. This hall that we are sitting in and the work that has just been completed bear witness of our efforts to improve our lot and who does not hope to-night that these improvements are but a step towards the erection of the building of his dreams—an edifice more in keeping with the worthy objects for which the Academy was formed. That so much has been accomplished the past year has been due to the unstinted support given those in office by our membership. The older Fellows have faithfully stood behind us in our efforts to secure better and more adequate accommodation. The younger Fellows have also responded splendidly, and although the ranks of "The Old Guard," which stood by us

*Read at the stated meeting of the Academy of Medicine, Toronto, October 4th, 1921.

in the early days, have been sadly broken, yet those who remain have known no flagging, nor grown weary in working hard and late for the betterment of our profession and the growth of this Academy.

For many years to come, we must busy ourselves in the growth of the Academy of Medicine Foundation Fund, which is approved by everyone and wisely endorsed by Council, so that at an opportune time, we may launch forward to the erection of a larger and more imposing structure; but not, I hope, until such time as the extra overhead expenses, which this would incur, shall have been amply provided for. This fund will prove a deserving and permanent investment, which will not be overlooked by the Profession, or by those who have friends in the profession, when they are making a distribution of their worldly goods. There is no more worthy object to which a medical man can make a contribution.

In accepting the position of President, I fully realized that the best service I could render, would not be adequate to meet the necessary responsibilities, or in any way be worthy of the splendid traditions of the office. I feel that never in the history of the Academy have there been such opportunities. The Council and Officers and every Fellow are full of enthusiasm and ready to do their full share. The Fellows, who willingly volunteered their services in the Great War are, (save those who made the supreme sacrifice) back in their usual places, and I think it should be said, to the honor of our profession that, great as were their sacrifices, yet there has been nothing but harmony and co-operation among our Fellows, each one ready and anxious to be of the greatest service in peace as in war.

In attempting to prepare an address that would measure up to the high standards demanded by our Fellows, I feel that my very best effort must fall far short of that requirement. One is bewildered as he thinks of the multiplicity of questions, which are to-day of vital interest to the Medical Profession. The Federal Board of Health, the Provincial Board and the Municipal Board have a very wide and extensive programme. The campaign against Tuberculosis, Venereal Diseases, Cancer, Influenza, Infantile Paralysis, and all other communicable diseases is always an active one. Then we have the important statutes passed for the control of the sale of Narcotics in an effort to solve the problems of

the drug addict. Others deal with Immigration, Quarantine, Proprietary Medicine, Pure Food, Drugs, etc. Then we have a wide distribution of Public Health Laboratories with free biological products—Maternal and Child Hygiene and Public Health Nursing—Sanitary Engineering, Industrial Hygiene, Medical and Dental Inspection of Schools, Child Welfare and Pre-Natal Clinics. In all the departments of Public Health, we have excellent Officers in charge, and they are constantly perfecting the field of Preventive Medicine. We have, as well, the work of our Dominion and Provincial Associations, the various County Societies, and finally our Medical Schools and Universities, with Dominion and Provincial Registration; and yet, notwithstanding frequent appeals from the Profession, the Government has not yet provided an amendment of the Medical Act, neither has it given any pronouncement as to the legitimate field covered by the Practice of Medicine. In the meantime, Ontario is being flooded with all kinds of irregulars, and we must take prompt and decisive steps to organize the Profession and promote co-operation among ourselves, and stand united for the attainment of a common goal, viz.—a uniformly high standard of education set by the College of Physicians and Surgeons for all those professing to practise the Art of Medicine, and also, insist that any re-organization of the Practice of Medicine shall come from within ourselves, rather than from the State.

Otherwise we shall be in danger of having some astute politician, who, taking advantage of the unorganized condition of the Profession, will attempt to usher in Compulsory Health Insurance and State Medicine. The very things upon the complete knowledge of which we pride ourselves may be quietly taken out of our hands. (Time will not permit me going into these very important matters in detail.)

I would like to talk to you to-night on "The Present Day Status of the General Practitioner, with some Ideals for us to strive to copy."

With the tremendous strides that have marked the progress of Medicine in its many branches, the General Practitioner, in attempting to master everything, must soon be lost in the multiplicity of problems confronting him. His loneliness and necessary isolation tends much to handicap him in comparison with those who are constantly associated with men of progressive thought. The uncertainty as to the future of his practice is a cause of lessened efficiency, de-

trimental at once to himself and his patient. Having no adequate financial return, the General Practitioner must often look for gratitude in vain. At times success in treatment is his only reward. I am a firm believer that thoroughness in methods brings about, not only efficiency, but corresponding financial returns, and in this respect, as General Practitioners, we are not always as careful as we might be; yet, the public have a right to demand an accurate diagnosis, lacking which we cannot give intelligent advice.

Does this mean, and do we believe in the passing of the General Practitioner? I am sure that every right-thinking man feels that whatever else goes, the General Practitioner must stand. We have all read Ian McLaren's wonderful story of the General Practitioner. There is just as much need of Dr. McClures to-day as there ever was. Can any family afford and would they be willing to do without the moral support and comfort which the right Family Physician brings to them?

Expert advice, Laboratory methods and X-Ray reports are excellent, but they can never replace the deeply-anchored confidence of the tired, anxious mother and disconsolate father as they leave a sick or dying member of the family in the care of a conscientious and capable physician.

Probably, the most disturbing factor in the tendency to belittle the General Practitioner is the multiplicity of Specialists (by Specialist, I mean Consultants and Surgeons as well as the more local Specialties.) This could be more largely prevented by a rigid standard being set for all Specialists. We do not want immature Specialists, but must have broad-minded, highly-educated, cultivated men, with large experience,—men who are leaders, and in whom the General Practitioner will have confidence that he can go to him with the assurance that his patient is going to receive the very best that can be given. If this were the case, the General Practitioner would have nothing to fear. His standing in the community would be safeguarded by these outstanding ornaments of our profession, and the proper relationship that should exist between the family doctor and the public would be secure.

The General Practitioner can have no respect or confidence in the man who is Specialist to one and General Practitioner to another; nor is there anything quite so contemptible as the man who chooses a specialty, not on account

of his fitness for it, but rather, because it brings him a good financial return. This is the very man, who not only belittles the whole profession, but who brings discredit upon his specialty, and utterly disgusts the general man, who is expected to support him by referring him cases. For a time, at least, the general public are carried away by such men and our patients swoop past us until one is made to feel that after all—is the drudgery and labor of a general practice worth bothering with? If I read the signs of the times aright, the day is not far distant when the General Practitioner will come into his own, and just as quickly as he is reinstated, just so quickly will the foundations of our profession be made doubly secure.

To my mind, the professional relationship of the General Practitioner and Specialist could be greatly improved to the benefit of both, but most of all, for the welfare and future care of the patient. I am of the opinion that the time has come when every Specialist should send to the Family Physician a detailed written statement of his findings. Moreover, if the Specialist would consult with the General Practitioner before advancing an opinion, there would be fewer misunderstandings. If the General Practitioner is to have the after-care of these patients, surely, for the patient to receive the greatest benefit, and for the General Practitioner to maintain his proper status in the case, every facility should be given him in getting help from every quarter he can. Specialists complain that patients consulting them say they have no general practitioner. This must be a very small number and if they have no one, they should have. Up to the present, the general man is turned out of college and allowed to weather the storm as best he can. I do not think the Specialists knowingly push aside the General Practitioner, but with the present day clamour of the Public for the Specialist, it is very easy for the General Practitioner to be absolutely ignored, and it would be equally easy for the Specialist to insist upon his patients maintaining their proper relationship with their doctor.

Specialists have access to the public wards and clinics of our hospitals: if it is necessary for these men to have such hospital connections to keep abreast with the times, what is going to happen to the General Practitioner with a mere handful of private patients to form his clinic? How is he, under such conditions, to be expected to have the last word in general medicine. Largely through the activities of the

Ontario Medical Association, and the co-operation of the Universities and various Medical Societies, post-graduate work and lectures have been made possible, but for a long time, this can only benefit a limited number. Specialists can do much of this post-graduate work with the Practitioner in the ordinary round of practice. I have a nose and throat case, an acute abdomen, a difficult baby to handle, an obscure skin lesion. If there was the proper co-operation between the Specialist and Practitioner, each one of these cases would constitute a clinic.

We have the right to expect that if a case is serious and obscure enough to require a specialist, every such case should be clearly and carefully talked over with the general man, and not have it possible, as it is to-day for a patient to consult a specialist, and the first knowledge we have of it is, when called to a subsequent illness and discover that an operation has been performed, or some elaborate treatment outlined. I claim that this is not only unfair to the General Practitioner, but it places him in a position of subordination, which he does not deserve, and robs him of the opportunity of consultation with the specially trained man, and consequently, there is no co-operation or agreement as to the future care of the same patient. This state of affairs leaves our patients like sheep without a shepherd, and they quickly fall a prey to the Patent Medicine man, or some one of the long list of irregulars.

This is an age of Group Medicine, and in many respects, this is ideal; but to my mind, every family should constitute a group with the General Practitioner in charge, and he, and no one else, should see to it that every member of that family, as necessity arises, has the services of the best specialists that can be procured. I have never yet asked the gratuitous advice of an expert or for a laboratory report, but what it was cheerfully and freely given. We owe it to our patients to see to it that they get the best of advice, but along the right channels. With the easy access to laboratory facilities, X-Ray and highly-trained specialists, it is often our own fault when patients are allowed to wander away from the fold.

May I speculate into the future a little with the hope that the day is not far distant when specialists will see only referred cases. This would make it imperative for every general practitioner to keep histories of his patients fully

worked out. When he wished the advice of a specialist, he would supply him with this complete history of the case, which the specialist could look over in a few minutes. To this history would be added the diagnosis, treatment and prognosis of the expert. If this were done, the Physician would then have in his keeping a history that would be worth something to the patient and to himself. I would like to urge on every general practitioner the necessity of keeping full histories with careful and complete examination of the patient. By so doing, we would increase the confidence of the patient, and in many cases, rightfully secure the fee that would otherwise fall into the specialist's hands.

The ideal of the General Practitioner should be service to his patient in the curing of disease and in the relief of suffering. Great care should always be taken to be sure of our clinical findings. There is a tendency to-day to let laboratory and X-Ray reports be the last word in making a diagnosis. I am quite sure this is a very dangerous practice. These reports should be used only to confirm our clinical observations, and I would warn the younger men not to let adverse reports influence their diagnosis until every aspect of the case has been carefully gone into. It is surprising how seldom a carefully-made bedside diagnosis is wrong, and I feel this is a phase of teaching that is not receiving the attention it deserves. There is no profession in which it is easier to practise quackery and charlatanism. We should always be thorough and truthful with our patients, and careful not to kindle false hopes in their minds. We have had a glaring example of this in our own city the past year. Newspaper publicity was largely responsible for kindling the hope in the minds of thousands that their prayer for a cure of cancer had been answered; even our research laboratories, for a time were anxious to know if a panacea had at last been found. Inquiries came from all parts of the globe, and many patients received treatment. If the hope had been well-founded, what a boon to humanity; but can you imagine anything more harmful to our profession, or a greater wrong done to the sufferers of this disease, when willing to sacrifice everything, they grasp at the last straw in vain. The work of our Special Cancer Committee was highly commendable, but I do think that, when their opinion was so adverse, some active measures should be taken to control further continuance of such treatment. In future, I think it would be better for the Academy to take action in such matters more promptly.

The late Sir William Osler, in his address to American and Canadian students, before leaving for Oxford, said " The flower of our calling is the cultivated General Practitioner."

With the hope of being more easily understood and less tiring to you, I am going to show you pictures of some men, whose lives and work proved the truth of Sir William's observations. These men were the flower of our calling, and were, during part of their career, cultivated general practitioners, and having been such, it is not surprising to learn that many of them developed into eminent specialists and great teachers and lived and died ornaments to our profession.

May I first venture a word to those who are engaged in teaching? Having never taught myself, I cannot reasonably offer any criticism, even if I would; but as an interested onlooker, it would seem to me that the present day appalling lack of respect of youth for age, of junior for senior, which seems so characteristic of our time, has invaded even our halls of learning. The youth of to-day seems a vastly different problem than even a few years ago. There are no critics more exacting than a body of modern students. They quickly pick out the defects, but at the same time, are just as quick to discern merit in the man who has a real message for them.

Teachers are born, not made, and they must not only hold up before their students their conception of the very highest ideals of medicine, but they should be men who are living examples of those ideals to which they would have their students attain. From the beginning to the end, the life of the real teacher will be largely one of sacrifice, so that the man, who constantly looks for some personal gain, starves not only himself, but, also, his students. It should not be a question of how much a teacher can get out of his appointment, but how much can he give to the students and to the institution, of which he should be an important part.

I would like to see our students graduate as broad-minded general practitioners, with a useful practical training that will enable them to meet the real problems of their profession. Once in practice, their viewpoint will gradually widen, and they will develop into useful men with large experience, who can advantageously turn their hand with confidence to any one of the specialities, to which they find themselves adapted.

My hope is, that these pictures, which I am about to show, will help make clear to us the necessity of teachers impressing on students the high type of men we want in the profession, and we must all strive to copy those who have stood the test and proved themselves worthy."

Lantern slides were shown with appropriate comments of the late W. T. Aikins, William Britton, John Caven, John L. Davison, R. J. Dwyer, Frederick Fenton, W. B. Geikie, Andrew Gordon, J. E. Graham, H. J. Hamilton, Arthur Jukes Johnson, Lachlan McFarlane, Thomas McKenzie, Sir William Osler, George Peters, R. A. Reeve, B. L. Riordan, James Richardson, J. W. F. Ross, James Ross, Bertram Spencer, R. A. Stevenson, Luke Teskey, James Thorburn, Matthew Wallace, H. H. Wright, W. M. D. Young.

Following these, was Sir Luke Fildes' beautiful painting of "The Doctor." "This picture speaks for itself. It is the artist's interpretation of the Family Physician in a desolate home where there is a very sick child. Any one of these men, whose picture I have shown to-night has many times acted out in real life what is here so beautifully depicted on the canvas. Was I wrong, when I said, a few minutes ago, that whatever else goes, the General Practitioner must remain?"

The last slide was from one of Copping's wonderful paintings. "It is the artist's conception of the Great Physician surrounded by people who are sick. The central figure on the canvas is our only perfect ideal. His work and teachings have been the standard for the highest ideals throughout the ages; but I am afraid that with the present day tendency to commercialize medicine, we often lose the finer and better things of our profession, for to my mind, there is no calling in life where His work and His teachings are more applicable than to the honorable and dignified profession of medicine."

The Ontario Neuro-Psychiatric Association

The Presidential Address by Dr. Edward Ryan at Mimico, delivered September 16th, 1921.

In opening this, the second term of my presidency, I have in mind to say a word or two on the present day aspect of Canadian Medical Jurisprudence.

Some years ago I was called to give evidence in the famous Midland case. An unmarried man of 75 was possessed of considerable property. His relatives, fearing an attack upon him by the friends of a young lady, with a view to matrimony, placed guards in the house. The evidence showed that the guards were overpowered one night, the lady came on the scene with a minister, and the marriage was forthwith carried out.

In my examination of this man it was clear that he was well advanced in the childish form of senile dementia. He stated that George the fourth was then King of England, and Sir John Macdonald Premier of Canada. He declared that his brothers were alive, and that he had seen them within the last two days, although they had been dead for many years, one having died in an asylum. He was positive that he was not married, had no wife, that he never was married, although his wife was in the next room, and had been living in the house for some time. But physicians, in the witness box, stated that the man was quite all right; in fact, not only was he not senile, but mentally alert, and with a capacity for business, thought and observation quite beyond the average man of his years. The judge of the Court of Appeal practically disregarded the medical evidence, and paid a personal visit to the man's house to study his mentality. This case dragged from court to court, and finally was settled by some form of compromise.

The well-known New Brunswick will case, which forms the precedent for Canadian jurisprudence, is worthy of being brought to your attention. The man had made a will leaving his property to his wife and family. Subsequently a strong paranoid trend appeared, with marked delusions. The man felt that his wife and son were in a conspiracy against him. He applied to his former lawyer to change the will, taking the property from his wife and family and giving it to a nephew. Upon being asked by the lawyer the reason for this extraordinary act, the man stated there was a reason and gave the

reason as above. His lawyer refused to act further, but the will was drawn by another member of the legal profession. This man died in an asylum a few years after. The will was contested by his wife, but it was upheld by the court on the ground that at the time the will was made the man had testamentary capacity. You see that the law holds that a man may be insane on one subject and sane on all others. How a man can be insane and sane at the same time medicine cannot yet reconcile.

If it be important and necessary in the interest of justice that statutory changes be made in civil cases, how much more urgent is it in cases where the life and liberty of the subject is in question. In the autumn of 1910 I was called to give special evidence in the case of G———, a young man not yet 20 years of age, who was held for the crime of murder. The evidence went to show that he was a defective from birth. Witness after witness gave evidence to this effect. Most remarkable was the evidence given by his old teacher, who declared that the defect was so pronounced that he could not imbibe the most rudimentary knowledge, that he played truant, had no sense of discipline or duty, and in fact exhibited all the well-known ear-marks of the congenital defective. His industrial life exhibited early the characteristics of the defective.

On the date of the alleged murder, this boy, with two or three others, was engaged to saw a quantity of wood. This they did and were paid a sum of money, with which they bought beer, not a large quantity. After drinking it the boy became violently disturbed, went to his home, secured a rifle, and began shooting indiscriminately through doors, windows and ceilings. The town policeman was called; the boy ran into the garden when the policeman appeared. When the constable started to climb the fence the boy fired, missing the policeman but killing his mother. The boy then ran down the road and climbed a pier of the bridge, keeping on shooting until his ammunition was exhausted. He was then taken down, and claimed that he had no knowledge whatever of what had happened during his disturbed period. At the trial the question, of course, was raised—did this boy know right from wrong? In a measure he did, but only in a measure. Even though knowing right from wrong his power of inhibition was wanting in a marked degree. At the time of the shooting he unquestionably had no control over his volition,

due to the excitement caused by alcohol; yet this defective was sentenced to be hanged, the sentence afterwards being changed to life imprisonment. He remained at the penitentiary until 1913, when he was given a ticket of leave, due to advanced tuberculosis, and died from this disease shortly after parole was granted. The question arises: Should the case have gone to trial? Would not the ends of justice have been better served if this unfortunate individual had been sent to a psychiatric hospital, for observation and study, and a report of the findings by those qualified been submitted to the judge?

This is typical of many cases of defectives who are tried and sentenced because, in the eye of the law, they know right from wrong. They may even know the nature and quality of their act, and be able to advise their counsel with regard to the defence, though all the same, on account of their mental condition, they cannot, under the modern outlook of psychiatry, be held responsible for their acts, the outcome of their congenital defect.

There is another class of cases possibly more pitiable still, as exhibited by the following example:—J. T., aged 28, returned soldier, contracted syphilis in England in 1917. In the summer of 1919 this man was arrested for stealing a bag of sugar. The gaol surgeon recognized the presence of syphilis, and prisoner received three treatments of diarsonal. In August, 1919, this man was convicted and sentenced to the penitentiary. On the 17th August he began his prison life. On November 15th the prison surgeon diagnosed him as a case of general paresis. On November 22nd he attempted suicide. On the 26th the surgeon earnestly requested that he be sent to a hospital for mental diseases, and on the 1st of December the man died of a paretic convulsion. The crime for which he was committed was unquestionably the outcome of his mental condition. No attempt was made to have a specialist in mental diseases report on his case. He did not receive any specific treatment while in the penitentiary. Of course this man's case should never even have gone to trial; he should have been sent to a hospital.

In the summer of 1915 I was requested by the Attorney-General of Ontario, to examine a number of patients, some 50 in all, who were confined in the Department for the Insane at the Kingston Penitentiary. My examination extended over quite a period of time. A great number of these cases

were congenital defectives. There were ten cases of dementia praecox and several cases of well marked paranoia. It goes without saying that the defectives were such when they committed the offence for which they were serving sentence. Without doubt, in several cases, dementia praecox antedated their trial and conviction, while in at least four cases of paranoia the disease antedated the trial and commitment. No records were available as to how many, if any, of these patients were examined by specialists previous to trial.

Now let me draw your attention to a rather important phase of the question of medical legal evidence. In 1910 I was asked to give special evidence in the case of C————, on trial for the killing of a neighbor without provocation. The man had been a very respected member of the community in which he lived. A favorite son of his had caused him considerable anxiety and expense. In the end he was induced to sell his farm to the son, and move to another place. The man then became depressed, and was, at the time of the tragedy, a well marked case of manic depressive insanity. In giving the evidence I endeavored to place before the court, in plain language, the history of the case from a medical point of view. The eminent crown counsel took me in hand and submitted me to a most extraordinary cross-examination. It became so protracted and so offensive that I had to appeal to the judge. The judge at once upheld my appeal, and said that he entirely agreed with my evidence, that the man was insane when the act was committed, and if the jury thought so they might give their verdict without leaving the box. The jury gave their verdict without leaving the box, "not guilty" on account of insanity. The whole trend of this cross-examination was not so much to elicit the facts as to confuse the witness.

For all these reasons, both from the point of view of medicine and from the point of view of justice, it seems that the time has now arrived when a radical change should be made in medico-legal proceedure.

It is true that British law and British justice are in a large measure founded on precedent, but, on looking over authorities on medical jurisprudence, one cannot but observe the great variety of opinion, the marked unrest, and the grave doubt as to the wisdom or justice of the course now being

pursued. This is not only evidenced in decisions respecting cases of testamentary capacity or incapacity, but even more marked in cases of criminal responsibility.

In the High Court of Justice held in Glasgow in September, 1902, a man was indicted on a charge of murder. The facts of the shooting were clearly stated, it was given in the evidence that a quarrel had arisen between the accused and the deceased, no word was said by the prisoner's counsel during the trial, whether in cross-examining the witnesses, or in the speech to the judge, indicating an opinion that the prisoner was of unsound mind. Justice Young, however, in his speech to the jury suggested that the man must have been out of his mind when he committed the act, and after an absence of twenty-five minutes the jury rendered the verdict that the accused had committed the act of which he was accused but that he was insane at the time. The court then ordered the prisoner to be confined in an institution for the insane during His Majesty's pleasure.

In the High Court of Justice held at Edinburgh on Sept. 15th, 1902, a man was tried before the Lord Chief Justice and a jury, for the murder of a lecturer at Surgeon's Hall, and another man, by shooting them. The counsel for the defence contended that the prisoner was insane at the time he committed the act. The Lord Chief Justice, in summing up the case, dealt with the alleged mental condition of the prisoner when he committed the act, and declared that the mere fact of a person suffering from a certain degree of mental alienation or mental delusion would not necessarily exempt him from criminal responsibility. In order to exempt from liability the prisoner's insanity must amount to such an alienation of reason that the prisoner did not know the nature or quality of the act which he committed, or if he did know the nature and quality of the act, was in such a state of mind that he did not know it was wrong. If, however, the prisoner had the mental capacity to know that his act was contrary to law, and that he was breaking the law, he was responsible. The jury returned a verdict of "culpable homicide" by a majority of one and the prisoner was sentenced to penal servitude for life.

A leading Scottish newspaper (the *Glasgow Herald*) commented as follows:—It is hardly possible to avoid comparing the verdict arrived at in the Edinburgh case with that in the Glasgow case. In the Glasgow case the counsel

for the accused did not put in a plea of insanity, their contention being that the shooting was the result of an accident. In the Edinburgh case the counsel for the accused contented themselves with pleading insanity; yet the one was declared insane and was treated as a lunatic, and the other was found guilty and sentenced to penal servitude for life. When judges disagree how is justice to be obtained? (Claister's Medical Jurisprudence.)

In the celebrated Crippen case the medical evidence for the crown was given with a "scientific exactitude, lucidity, succinctness and absolute fairness hard to improve." The evidence for the defence was also particularly able, and possibly not less scientific, yet the impression made at the time can possibly best be summed up in the words of the *British Medical Journal*: "The ethics of the question are of so difficult a kind that until they have been more thoroughly ventilated and discussed no one is entitled to condemn another man for taking an opposite view to his own, or for acting in accordance with that view. Meantime we merely deplore the conditions which allow such unfortunate conflicts between medical witnesses to occur. We therefore hold that it would be greatly to the advantage of the public, and to the administration of justice, if, in trials of a medical kind, the scientific evidence presented to the court were not that of an individual, but of a majority of medical men asked by the Crown to consider the medical points at issue."

It is interesting to note that in many nations statutory enactments have been passed giving effect to the modern conception of medico-legal jurisprudence. In the State of New York we find the following in an enactment of 1910. "If any person under criminal charge, etc., would appear to be insane, the judge of the court shall institute a careful investigation calling on two legally qualified examiners in lunacy, neither of whom shall be a physician connected with the institution where the individual to be examined is confined, and other creditable witnesses, and if it be satisfactorily proved that he is insane, the said judge shall discharge him from imprisonment and instead commit him to a state institution for the care, custody and treatment of the insane, where he shall remain until restored to his right mind."

In Germany, when a man under indictment pleads insanity he is sent to a Psychiatric Clinic or Mental Hospital, and is retained there until careful study of his case has been made.

In Austria the same law holds for persons under indictment for criminal offences. If the question of insanity be raised either by the person himself or by his counsel the prisoner is referred to the Psychiatric Clinic or Mental Hospital for examination. Facilities are available in Ontario at the present time for such studies.

Underlying the whole British system of jurisprudence, whether medical or otherwise, there stands one goal idea, that a man be tried by his peers, and judged accordingly. Trial by jury has been the mainspring, the bulwark of British justice. From the day that the Barons at Runnymede compelled King John to sign the charter of English liberties, this principle has prevailed throughout. The love for it is as strong to-day as it has ever been. This principle has never been questioned. It is not in question now. Does not, however, the element of justice admit, nay even demand that the judge and jury should be instructed in every possible way as to the case in hand? Should not, therefore, an independent medical commission of recognized Psychiatrists be appointed in all mental cases, to calmly investigate, and lay the results of their investigation before the Attorney-General, the judge and jury? Or if on the other hand the case be of such a nature that science alone can determine the nature of it, no jury would be required, the trial judge alone would be advised. This does not in any way derogate from the ancient pledge of British justice, that a man be tried by his peers. For over forty years no change has been made in the enactments governing medico-legal jurisprudence with reference to the mental defectives, the insane, etc., in England or Canada. The science of psyschiatry has made wonderful advances during that time. Indeed this period practically covers all the great discoveries in mental medicine. No branch of medicine has made such remarkable progress during these years. Psychiatry is now an exact science. It is no longer experimental. The findings are as scientific and accurate as the findings of the chemist, the pathologist, the engineer, or any other branch of science.

With profound reverence for law and authority I therefore make the suggestion that scientific medicine should be the hand-maiden of justice, arm in arm the two should go, down the road together. I suggest that the Attorney-General, in the fulness of his time and judgement, should, by legal enactment, bring to pass that in all trials where the question

of insanity is raised, whether these be testamentary or criminal, a body of professional psychiatrists be appointed by the Crown, who, after careful and extensive study, would advise the Crown, having in mind but one ideal, the dignity of medicine and the majesty of justice. Probably the appointment of a permanent Board of Experts would produce the most saisfactory results.

Selected Article

The Medical Profession

By David Drummond, M.A., M.D., President, Durham University College of Medicine; President, British Medical Association.

Judging from my experience as an examiner of students of medicine, two things have impressed me: (1) the severity of the ordeal or examination test to which the candidate is subjected, that is, the extensive range and large amount of knowledge required of him; (2) the inadequacy of his attainments, having regard to the serious and responsible duties awaiting him.

In the history of the General Practitioner, the corner stone of the profession of medicine, told in terms of his professional education, is, or should be, a record of continuous progress from the first stage of the introduction to the end of the last chapter, when finis marks his retirement or his decease.

The question of special instruction of our students in the diagnosis of early disease is intimately associated with this subject. It is recognized by all that the earlier a diagnosis is made, the better for the patient, and, notwithstanding this self evident truth, it is remarkable how little attention has been paid to the training of students in the recognition of the earliest indications of disease. The hospital wards are, as a rule, filled with examples of advanced disease, and the subjects selected for clinical lectures and demonstrations are usually conditions in which history and physical signs are, as far as possible, characteristic and strongly marked; and, of course, this is almost inevitable, for the student has but

two short years into which to crowd his clinical training, and he is, naturally, attracted by outstanding and obvious pathological changes in which the signs and symptoms are more or less gross and appeal to his untrained senses. It is evident that something must be done to help forward the student's training in this direction. At present, as things are, his opportunities are derived from attendance in the out-patient department, where, as a rule, a large number of patients have to be seen and the teacher is a member of the junior staff, and is, not infrequently, only just qualified. I have no reason to wish to under-estimate the value of the out-patient teacher, but the diagnosis of incipient disease is at once the most difficult and the most important problem the doctor has to face, and yet it must be admitted that hitherto but little attention has been given to this phase of clinical medicine.

It is generally supposed that the art of early diagnosis will be acquired later, in the course of practice, but it is then too late for, in panel practice, there is, I fear, contrary to the expectation of the authors of the present system, no such thing as early diagnosis. The truth is, there is no time to work out an accurate diagnosis in an early case in a crowded consulting room, and there is a danger of the aptitude becoming a lost art. For, on the one hand, the doctor has not the necessary time to devote to careful examination, and on the other hand, the tendency of the present day is to ignore physical signs and rely altogether upon laboratory methods.

I would, therefore, earnestly plead for some alterations in our system, that will give due prominence to training in the methods of early diagnosis. It is obvious that a thoroughly serviceable knowledge of the functions and structure of the human body in health and the possession of well trained senses—the ability to observe—are essential to successful diagnosis. Nevertheless, I believe I am correct when I state that comparatively few practitioners are familiar with the range of the limits of health as signified by signs evident to the trained senses. For instance, to take but one example, failure to recognize the fact that our stethoscopes employed in the examination of chests (heart and lungs) detect the widest possible differences in normal individuals, has been the source of much error in practice. The truth of this assertion was made apparent in connection with the recruiting examinations during the War, when thousands of perfectly healthy young men were graded low or rejected altogether

on account of the erroneous interpretation of some physical sign, and, in the same way, every day life assurance problems are settled incorrectly on similar grounds. The fact is, when we recognize that a comprehensive knowledge of the functions of man, together with the indications of their working, is necessary to enable us to detect abnormalities, it is plain that the normal state demands our very special attention for we are dealing with what is at once the most perfect and the most faulty machine of creation.—Extracts from the Presidential Address at Newcastle, at the Annual Meeting in July.

Vaccination Methods

The average physician regards vaccination as more or less of a nuisance—an unimportant task to be relegated to the office nurse or to be hurriedly performed by the doctor himself with a prayer that a bad arm may not follow. As a rule, the patient's family does the after-dressings according to their several lights, and if the vaccinee goes to school a certificate of vaccination is issued if any sort of a scar results. There is no generally followed vaccination technique, some scratch, some bore, and some squirt the vaccine beneath the skin with a hypodermic syringe. There is no universal site for vaccination; the deltoid insertion, right or left, the inner aspect of the arm, the calf and the thigh being used alike. There is no definite rule regarding re-vaccination; no uniform method of diagnosing a "take," an immune reaction, or a failure. In other words, by and large, the practising physician is neglecting a tremendously important public health duty.

This results, perhaps, from the fact that the average practitioner sees few cases of smallpox, and those which come to his attention are generally benign. Hence, unconsciously, smallpox has come to be regarded as an almost negligible danger. Yet mild smallpox is pretty generally distributed throughout the United States and if physicians continue their present vaccination technique we are likely to see a good many old-fashioned virulent cases. Certainly, improperly performed vaccinations do not help the cause of vaccination; one bad arm in a community will undo a year spent in carefully teaching public health, and furnish the conscientious objectors of that neighborhood with a telling argument.—*New York Medical Journal.*

Editorials

The Address of the President, Academy of Medicine, Toronto.

We publish in this issue the Address of the President of the Academy of Medicine. The note which is sounded concerning the relation between the general practitioner and the specialist cannot be too strongly emphasized. We are of the opinion that if we are to attain to strength as a profession at the present time, the one solution lies in close collaboration between its members. The general practitioner and the specialist should work together, rather than antagonistically, for the betterment of both. Dr. Noble's plea for closer histories of cases from the general practitioner is well founded, but on the other hand, much more care is necessary on the part of the specialist to return to the general practitioner very detailed reports of his findings and diagnoses. If we had more of the old-fashioned professional courtesy most of these problems would be solved. Let us give a little more thought to the unwritten rules of medical ethics, and the result is bound to be a closer union and a finer harmony between members of the profession.

Canadian Medical Association

We published in our last issue certain statements copied from the *C. M. A. J.*, showing that the financial status of that journal was at least unsatisfactory. The frankness of the writers in the *Association Journal* was commendable in a way, but not, perhaps, wise from a business standpoint. The Journal's career has been unfortunate in certain regards.

For years there had been much discussion showing that the majority of the members favored the establishment of a new journal. Early in 1908 Dr. Andrew MacPhail wrote to various parts of the Dominion, stating (quite correctly) "The general impression is that the Canadian Journal should be established if it can be done." In some of his letters he

added, "The Montreal Medical Journal is willing to cease publication and cast in its interest with the new venture, if it can be done with proper regard to existing interests."

Within a short time satisfactory arrangements were completed, and the new journal launched under very favourable auspices, MacPhail being editor with general approval.

We think it may be stated, without contradiction, that the policy of the Journal was generally approved. Soon, however, financial difficulties arose, which were, apparently, surmounted through the generous assistance of some prominent members, mostly Montrealers, but a certain number in Toronto. It is generally understood that the doctors in Montreal have done much valuable and unselfish work in the interests of the Journal. As to the present situation, we need say but little since the report from the Journal itself is so exceedingly gloomy.

In some respects, the situation now is peculiar. Formerly the Montreal Medical Journal was one of the best, and one of the strongest medical publications in North America. It was, probably, the most consistent supporter of the Dominion Association during the earlier days of the Association's history. To those who were living at that time, it was well-known that the profession of Montreal was really the backbone of the Dominion Association. Without reference to any other medical journals in Canada, it may be safely stated that the support of the Montreal Medical Journal was quite as valuable, perhaps, more so, than that of the more expensive journal of to-day. A medical journal without a circulation counts for very little nowadays.

Expert Evidence in Criminal Cases

We are indebted to Dr. N. H. Beemer for the report of the Ontario Neuro-psychiatric meeting which we publish in this issue. It also gives us great pleasure to have the privilege of publishing the excellent address delivered by the president. Dr. Ryan never speaks without saying something of value, and he usually knows how to say it both forcefully and concisely. We cordially endorse every word that he says, and if we could possibly strengthen his argument in any way we should gladly do so, but we know that such effort is need-

less. We desire to congratulate Drs. Ryan and Beemer as well as others associated with them on the success of their undertaking, and the establishment of their Association, which we feel sure, will have a bright future and will accomplish much good.

Medical Subjects in the Pulpits---Cancer

We have always been strongly opposed to the discussion of medical questions from the pulpits. We believe that this tends to create a sort of hysteria in the matter of disease. It also tends to take the discussion of disease out of the hands of the medical profession to which it rightly belongs. It has the effect of leaving in the public mind the idea that the medical profession finds itself beaten in the fight against disease, and, consequently, calls in the help of others. Then, again, all the information that can be imparted to the people in a brief pulpit reference is not at all likely to be of any value; indeed, may be very misleading according to the way the statement is made. Further, there is an undoubted tendency to have thrown into the discussion the theological attitude of mind, and so develop a wave of sentimentalism and faith cures.

In dealing with such problems as the prevention of tuberculosis, venereal diseases, or cancer, we have no objection to the association with the medical profession of an influential number of the laity. This will help in securing the needed funds and obtaining required legislation. Past experience has proven that the combination of the medical and lay workers has done much. But it should remain at this. These lay and medical workers can issue proper information to the people, and have it distributed along proper channels. Again, we state that the pulpit is not the proper channel, nor, indeed, a channel at all.

Let us come down out of the clouds and be content to stand on the ordinary ground, and become rational in the cancer question as we must in all others. If we could stop all smoking we might prevent some cancers of the lips and throat. If we could put an end to the occurrence of gastric ulcers, we would no doubt prevent some of our cases of cancer of the stomach. If we could prevent people swallowing hard and indigestible substances, we would prevent irritating the rectum and some of the cancers of that part of the body. If we could prevent women being bruised on the breasts, we could prevent

many instances of mammary cancer. If we could prevent all the traumatisms incident to child-birth the number of uterine cancers would be few. If we could prevent the skin being lacerated, irritated, and injured in the rough struggle of life, our cases of skin cancer would not be many. But, and here is where the rub comes in, we cannot do any one of the things already mentioned. The causes of cancer are world-wide and are inherent in the life of man. It is obvious, therefore, that we are not in a position at the present time to prevent entirely the occurrence of cancer. The thing to be done is to care for the abnormal condition as soon as possible after its development. It follows, accordingly, that, when talking of cancer, it is necessary to describe in some detail the clinical evidences of the disease. Such descriptions are out of place and of little value when heard from the pulpit.

If the people become more thoughtful and consult doctors earlier, the death rate may be reduced considerably. So far as cancer is concerned, there is never going to be a golden era of prevention. The results are always going to depend on the sense or the negligence—mainly the latter—of the people.

Deep X-Ray and Cancer

On the evening of the first of November, Dr. Harvey R. Gaylord, Director of the New York State Institute for the Study of Malignant Diseases, and Dr. Bernard F. Schreiner, Surgeon at the Buffalo Institute, addressed the Toronto Academy of Medicine on Cancer. Dr. Gaylord stated that cancer was a group of diseases. This is accepted teaching. Cancer is an epithelial cell disease, and will differ in type and progress according to the type of epithelium from which it may originate. Thus a rodent ulcer on the face must be clinically very different from a cancer in the rectum. As to treatment, all that could be said was a thorough employment of deep X-rays, as it is done in Germany, and radium. Surgery was scarcely mentioned.

As regards the use of deep X-rays, a treatment introduced by the Erlanger school of Germany, we wish to sound a note of warning. The method has not been thoroughly tested in this country, and until it is established upon a firm basis there is very grave danger that unfounded praise of the new technique will lead to a reaction which will bring discredit on X-rays in general.

News Items

Health Centre in Hamilton

Dr. James Roberts, the able and energetic M.O.H. of Hamilton, has organized a Health Centre, which we understand, is, as nearly as possible, complete. The headquarters and main offices are in the old library building. There is a large general office and in addition various other rooms with the different departments, a doctor's office, board room, waiting room, examining room, and nurses' room.

Among the active working departments will be that of the Social Service, the Dental Clinic, Tuberculosis Clinic and an X-Ray room. We understand there is a new laboratory well equipped in every way.

At the last meeting of the American Gynæcological Society, at Swampscott, Mass., under the presidency of Dr. Chipman, Montreal, the following officers were elected for the ensuing year: President, Dr. George Ward, of New York; first vice-president, Dr. Barton Cooke Hirst, of Philadelphia; second vice-president, Dr. Walter P. Manton, of Detroit.

Public Health at Harvard

Harvard University has recently received the magnificent gift of $1,785,000.00 from the Rockefeller Foundation, for the purpose of establishing a School of Public Health.

According to an announcement made August 22nd, the new school will provide opportunities for research, will unify existing courses, and will offer new or extended teaching facilities in Public Health Administration, Vital Statistics, Immunology, Bacteriology, Medical Zoology, Physiological Hygiene, and Communicable Diseases.

The endowment is one of many made during the last few years for public health and medical education, by the Rockefeller Foundation, whose purpose is "to promote the well-being of mankind throughout the world."

Ontario Department of Health

The old Knox College building on Spadina Avenue, north of College St., Toronto, will be known in future as Spadina Hall. The property has been purchased by the Department of Health and the Registrar-General's Department. The members of these departments moved into their new quarters about the middle of October. The new departments including the Ontario Provincial Laboratory are now occupying the whole ground floor of the building and a portion of the second floor as well.

Post-Bellum German Doctors

A singular condition appears to be developing in the medical profession of Germany. We are told by the *N. Y. M. J.* that physicians in that country have changed their attitude towards socialism. Those physicians who before the war were opposed to any attempt to socialize medicine have gone over to the ranks of the converts and, as a consequence, the once obscure little society of Socialists Physicians has now become a large and important body.

The cause of this remarkable change is said to be grim economic necessity, arising to a large extent from the increased cost of living in the country. The competition has become keen and the chief desire of the general practitioner appears to be now to "get on the job." Perhaps one of the most remarkable results is the pronounced increase of quackery, of which there was said to be quite a sufficiency even before the war.

Wood Alcohol

It would appear that the dangers resulting from the use of wood alcohol are increasing. It is said that within recent months there have been several hundred deaths and a large number of cases of blindness, as the result of poisoning by wood alcohol. We sincerely hope that all officers of health and all teachers of hygiene will put forth more strenuous efforts to advise the public of the terrible dangers resulting from this poison. It would appear that conditions have grown worse under the legal enforcement of prohibition.

Society Reports

Academy of Medicine, Toronto

The regular meetings of the Academy of Medicine, Toronto, for the year 1921-22, were ushered in by the Annual Academy Dinner which was held in the recently constructed Auditorium on Tuesday, October 4th. The arrangements were excellent and it was evident that the idea of holding this event on the Academy premises was much appreciated.

Following the dinner the regular October stated meeting took place, at which the President, Dr. R. T. Noble, delivered his inaugural address on "The General Practitioner," which appears elsewhere in this issue. It was quite apparent that the President struck a popular chord when he made a plea for the general pracitioner and his important place in the community.

Dr. H. B. Anderson, Chairman of the Board of Trustees, presented facts as to the financial position of the Academy, in view of its recent additions, and dilated upon the advantages to be derived from the establishment of the Academy of Medicine Foundation Fund to provide an endowment for the Academy.

The Chairman of the Building Committee, Dr. Edmund E. King, narrated the history and development of the recently constructed addition, which was now ready for occupancy.

It was decided that the New Auditorium should be named "The Osler Room" in memory of Sir William Osler, Lady Osler having given her consent to the proposal.

Short addresses were delivered by the guests of the Academy, Hon. Dr. Cody, Hon. Mr. Justice Riddell, President Falconer, Dr. J. Fenton Argue, Ottawa, President of the College of Physicians and Surgeons of Ontario, and Dr. Farley, Trenton, President of the Ontario Medical Association.

On September 12th a special meeting of the Academy was held at which Col. Henry Smith, I.M.S., addressed the Fellows on his experiences in the practice of Medicine and Surgery in India.

While recognized as an authority in ophthalmology Col. Smith made it quite evident that he was no narrow specialist and delighted his audience by his frank, positive opinions on many aspects of practice.

Ontario Neuro-Psychiatric Meeting

A very successful meeting of the Ontario Neuro-Psychiatric Association was held at the Provincial Hospital, Mimico, on the afternoon of September 16th, 1921. The attendance was large and keen interest was manifested in the various papers presented.

Honourable W. E. Raney, Attorney-General for Ontario, spoke in reply to an address on "Medico-Legal Aspects of Criminal Cases" given by Doctor E. Ryan, of Kingston. The Attorney-General promised that if the Association formed a committee to prepare legislation improving medico-legal jurisprudence he would see to it that a legal adviser to the Committee was supplied free of expense. He would further help to draft legislation for submission to Ottawa to remedy existing conditions and endeavour to make scientific medicine the handmaid of justice.

Honourable H. C. Nixon, Provincial Secretary of Ontario, congratulated Dr. N. H. Beemer on his excellent paper, "Further Extension of Community Interests to Hospital Patients." This paper advocated some form of remuneration for patients and a system of small stores where the individuals could satisfy any desires or longings just as they had been able to do in their own villages and homes. Mr. Nixon promised co-operation in the realization of such a scheme.

Doctor H. B. Anderson read a highly technical treatise on "Tonsillar and Dental Infections as Factors in the Cause of Nervous and Mental Disease," which appeared in our October issue.

Doctor R. D. Rudolf was unable to be present to read his paper on "The Therapeutics of Sleep in Relation to Disturbed Mental Conditions." In view of the late hour the last address was taken as read.

Ontario Medical Association

A meeting of one of the most important District Associations in affiliation with the Ontario Medical Association was held in Peterborough, September the 21st. There was a large attendance of practitioners from the counties of Prince Edward, Hastings, Northumberland, Durham, Haliburton, Victoria, and the town of Peterborough.

Dr. Frank Farley, of Trenton, President of the Ontario Medical Association, delivered a short but interesting address and expressed a strong opinion that unity in the profession of the Province was desirable above all things. As mentioned in the former issue, the local association of this district is one of the strongest in the Province and for that, as is well-known, Dr. Farley deserves a large amount of credit.

Dr. F. W. Marlow, a past president of the Provincial Association, delivered the principal address on "Symtomatology and treatment of some Gynæcological Conditions."

Fixing Salary of Health Officers

We are told by *The Toronto Star*, that the County Judge, after hearing particulars, October 13th, fixed the salary of Dr. F. S. Ruttan, M.O.H. for Woodstock, at $1,200 per annum, and dated the award back to July. Dr. Ruttan, whose salary was formerly $500 per annum, applied to the Council for an increase to $1,000. When the Council refused, the doctor appealed to Judge Wallace to set the salary for the position. The Judge awarded Dr. Ruttan $200 more than he asked from the Council. *The Star* believes this is the first case in which the County Judge has been asked to set the salary of a public official This is not correct, however, as there are other examples, of which, perhaps, the most notable is that of Hamilton, where Dr. Roberts' salary was increased to $5,000 by the County Judge, after the City Council had refused to give him that sum.

Our London Letter

(From Our Own Correspondent.)

London, October 14th, 1921.

National Insurance in Great Britain

National insurance in this country seems to have fallen on evil days, that is, at least, so far as those medical men who do this kind of practice are concerned. It is a curious situation. When the scheme was first mooted, some nine or ten years ago, and when it was proposed that a considerable number of medical men should serve the public at a stipulated fixed rate, somewhat like club practice, the medical profession was up in arms. It was said that medical men would lose their independence, self-respect and so on. It appeared that the scheme, on German lines, by the way, and very much next the heart of Lloyd George, would fall to the ground, as, without the co-operation of the profession or, at any rate, a part of the profession, it was unworkable. However, Lloyd George contrived to secure the co-operation of a proportion of the profession and, in the end, the plan went through. It seems to have worked fairly well; the panel doctors, since the increase of capitation fee a year or more ago, seemed satisfied, and, if a bolt from the blue had not fallen recently, they would have continued to be content. But economy is, perforce, the order of the day with the government; a people overburdened with taxation are clamoring for some relief from their parlous condition, and unless an attempt is made to reduce the load under which the nation is groaning, it is obvious that the government will have short shift. The Minister of Health has made itself very unpopular, partly because it has been made the scapegoat for the profusely extravagant habits of other departments and partly because of the too-ambitious building plans formulated when Dr. Addison held the reins as Minister of Health. There is little doubt that the Ministry of Health had "bitten off more than it could chew" in this direction. Also certain powerful papers launched a somewhat viru-

lent and persistent attack on the Ministry of Health and all its works. Dr. Addison was ousted from his position, the reason given being that he was unbusinesslike, and Sir Alfred Mond, a Jew of undoubtedly strong commercial instincts and who had proven himself to be possessed of keen money-making proclivities in the industrial and financial world, was put in this place. Sir Alfred Mond assuredly was told that he must cut down the expenses of the Ministry of Health, with which is incorporated the National Insurance scheme, and his first move in the attempt to fulfil this object is the proposition to reduce the capitation fee of insurance practitioners from eleven shillings ($2.75) to two dollars and thirty-eight cents ($2.38). On October 12th, last, a deputation of medical men waited on Sir Alfred Mond to discuss the proposed reduction. Dr. Brackenbury, on behalf of the Insurance Acts Committee of the British Medical Association, from which the deputation came, stated that the offer of the Minister of Health would be placed before the Panel Conference, on October 20th, for their consideration. The question now, both for the doctors and the public, is simply whether an efficient service can be given for this figure. The conclusion appears to be that any lesser sum than eleven shillings ($2.75) would not be sufficient or satisfactory. Sir Alfred Mond, however, made his plea to the deputation on the ground of the urgent necessity for national economy. In short, he virtually asked the doctors to help to shoulder the national burden.

While it is notorious that medical men have never been lacking in the spirit of self-sacrifice—it is the great tradition of their calling—it is felt that in this case they have not only the nation to consider but their patients as well. The present Medical Benefit regulations contain many clauses of an irksome character. For instance, the capital values of practices are being taken piecemeal from their present owners. The purchase money is thus being lost. It is evident that the system gave the Ministry of Health an increased control over the medical men engaged in panel practice. The prediction of many, that they would lose their independence, has already come partly true, and in the existing emergency they would be tions. In addition to the arduous duties pertaining to panel practice, practitioners have had to do a great deal of clerical

work; much of it, it is said, unnecessary, and, of course, expensive and troublesome. It is well known that Government Control means no end of red tape. It simply reeks with it. A bureaucracy must have some valid reason for its existence, and regulations obnoxious to all concerned have been constantly introduced by the medical Bureaucracy. The doctors, therefore, have an undoubted right to demand that medical bureaucratic offices shall bear a full share of the loss made necessary by the national emergency.

After all has been said that can be said on the subject, it is idle to assert that any branch of medicine reaches in national importance, that of private practice. The general practitioner is the foundation of the medical service and, consequently, it is against the best interests of the nation that his efficiency should be threatened, except as the result of the most dire neccesity. That the necessity is extreme, is true, but if drastic economy is to be introduced, it should bear equally upon the medical bureaucracy and the practitioners.

The present crisis is an unfortunate object lesson of the harmfulness of mixing questions of health and politics. The Ministry of Health is a department of the Government and as such its efforts for the benefit of the national health must be, to a considerable extent, subordinated to politics. Moreover, the medical profession are practically impotent in parliament, and ciphers politically outside. Whereas, their clients, members of friendly societies, are, on account of their votes, politically all powerful. In case of a clash between these societies and the profession, there is no doubt as to which would go to the wall. Therefore, it probably will be best for the medical profession if the Insurance Act ceases, as it will cease, if the Ministry of Health and practitioners cannot come to terms. It is liked by neither patients nor the majority of medical men and its demise would be hailed with delight by both. The main objection against it is that it interferes with liberty of action. Such curtailment and the tiresome regulations it enforced, were in opposition to the traditions of the British people, who abhor bureaucratic methods after the Prussian fashion, and were directly antagonistic to its harmonious working. Again, the friendly societies are generally speaking in favor of nationalization of medicine, and the National Health Insurance Act and bureaucratic methods are thin edges

of the wedge which, if driven much further, will split the profession, and render possible revolutionary schemes which will be disastrous to the profession and of decidedly doubtful value to the public at large. Destroy the independence of the medical profession and, to a great extent, its power for good will be destroyed.

Annual Meeting of the British Medical Association in 1922.

The next meeting of the British Medical Association will be held in Glasgow. The scientific work of the Association would begin on July 25th, and continue on the three following days. The last time the Association met in Glasgow, was in 1888. Professor Sir William Macewen, C.B., M.D., F.R.S., is President-elect. The following is a list of the officers of all the committees. *General Committee*: Chairman, Professor Sir William Macewen, C.B., M.D., F. R. S.; Vice-Chairman, A. Freeland Fergus, M.D.; Hon. Local General Secretary, Geo. A. Allen, M.B., Ch.B.; Deputy Secretary, James Russell, M.B., F.R.C.S., Ed.; Hon. Treasurer, Mr. Harold Yarrow, C.B.E. *Finance*: Chairman, Professor T. K. Munro, M.A., M.D.; Secretary, James H. Martin, M.D. *Reception*: Honorary Chairman, Principal Sir Donald MacAlister, K.C.B., M.D., LL.D.; Chairman, James A. Adams, M.D.; Vice-Chairman, Chas. E Robertson, M.D.; Secretary, J. McGregor, Robertson, M.A., M.B. *Publishing, etc.*: Chairman, William Snodgrass, M.A., M.B.; Vice-Chairman, John Patrick, M.A., M.B., F.R.C.S., Ed., Wm. R. Jack, M.D., B. Sc.; Secretary, J. Norman Cruickshank, M.C., M.B., Ch.B. *General Entertainments*: Chairman, Thomas Kay, D.S.O., M.B., C.M.; Vice-Chairman, T. D. Laird, M.B., C.M.; Secretary, F. W. Martin, M.B., Ch.B. *Pathological Museum*: Chairman, Professor Robert Muir, M.A., M.D., D. Sc., F.R.S.; Vice-Chairmen, Professor John Teacher, M.A., M.D., John Anderson, M.B., C.M.; Secretary, G. Haswell Wilson, M.B., Ch.B.

A second edition of one of the best text books of General Pathology ever published has been issued recently from the publishing house of William Heinemann, London.

It is by J. Martin Beattie, M.A., (N. Z.), M.D. (Edin.), M.R.C.S., L.R.C.P., London, Professor of Bacteriology, University of Liverpool, and W. E. Carnegie Dickson, M.D., G. Sc., F.R.C.P., (Edin.), Director of the Pathological Department, Royal Hospital for Chest Diseases, London, etc. The

general scope and plan of the pathology are based upon the teaching of the Edinburgh school, in which school the first chair of Pathology in the United Kingdom was founded. The authors acknowledge their indebtedness to their old teacher and chief, Professor Greenfield, of Edinburgh University. They give as a main reason for writing and publishing this book, that some of the fundamental views of that school, though based upon careful experimental investigations and upon extensive experience of human morbid anatomy and histology, have not, in their opinion, received the attention which is justly their due. In support of this contention, they refer to infarction. The mechanism of infarction described by them appears to be clear and intelligible. The description of inflammation and repair which is generally a good test of the value of a work on general pathology is excellent. The phraseology is clear and concise and the whole subject is dealt with in an eminently lucid manner.

The entire second edition has been largely rewritten and brought up-to-date, while new matter of importance has been added. The illustrations, consisting of two hundred and thirty-three illustrations in the text, and thirteen colored plates from original preparations, are good and serve to adequately elucidate the text. This text book should prove a great value to students and practitioners alike, as it is concise without being cumbersome and obscure, and fulfils all the objects of a general pathology. It may be added that since the appearance of the first edition that great British pathologist, William Smith Greenfield, has passed away. Professor Greenfield, without exaggeration, might be termed the father of modern British pathology.

Dr. Janie H. McIlroy appointed to a Lectureship in Delhi.

Miss Janie H. McIlroy, has been appointed Lecturer on Diseases of the Eye, at Hardinge Medical College for Women, Delhi. Miss McIlroy was a distinguished graduate in arts, science, and medicine, of Glasgow University, from which she obtained the doctorate both in science and medicine. She has specialized in eye work and has held various appointments in Glasgow and in England. Latterly, she has acted as occulist to the Glasgow School Board. Dr. Janie McIlroy is a sister of Dr. A. Louise McIlroy, who has been appointed director of the

unit of obstetrics and gynæcology at the Royal Free Hospital, London, which was referred to in the London Letter of June last.

Mr. James Berry, F.R.C.S., one of the best-known and most popular surgeons of London, and a Canadian by birth, has been elected President of the oldest medical society in the Metropolis, that of the Medical Society of London. At the annual general meeting of this Society, on October 10th, last, and at its 149th session—it was instituted in 1773—Mr. Berry was inducted as President and delivered the presidential address. Instead of giving the ordinary cut-and-dried sort of thing, he made quite a new departure and related some of the medical experiences in south-eastern Europe, illustrated by lantern slides. It was quite a remarkably interesting address. Mr. Berry, in addition to being one of the most skillful and able surgeons in Great Britain, has, with the exception of Charles Mayo, of Rochester, and perhaps one or two of the European surgeons, done more operations for exophthalmic goitre than any man in the world. He is a keen archæologist, geologist and anthropologist and knows his Serbia and south-eastern Europe well. With his wife, Dr. F. May Dickinson Berry, and a band of medical men, nurses and lay helpers, they gathered together, they proceeded to Serbia where a hospital was established in which were treated and cared for all sorts and conditions of men and women. Mr. Berry, Mrs. Berry, Mr. Lyon Blease and other members of the unit wrote a most interesting book on their experiences, which included being made prisoners of war by the Austrians. Incidentally, it may be mentioned that in his book Mr. Berry showed conclusively that typhus fever is conveyed to human beings by lice, and that where thorough, personal disinfection is carried out, typhus is extinguished. Mr. Berry's address embodied many of the experiences narrated in the book with other happenings added, some of which had no medical bearing, for which reason possibly they were more greatly appreciated by the large audience. The address may be described without exaggeration as fascinating. Humor and wit were introduced, although it was brimful of sound knowledge and wide information. It may be said that Mr. Berry received no assistance from the British Government but performed all his valuable war services in south-eastern Europe "on his own" with some help from the Red Cross and a great deal from his colleagues and friends.

Correspondence

The Editor,
The Canadian Practitioner and Review,
Toronto, Ontario.

Dear Sir:

We all know that the article on Child Welfare is only too true. The Department, I believe, employs a great many graduate nurses from ———, one of whom called on my sister about a year and a half ago, shortly after her baby was born. The nurse told her that her baby was in very poor condition and advised that she get Dr. ——— immediately or she would lose her child. I called Dr. Hastings' attention to this. He wrote to me later saying that he had lectured to his nurses on that point and assured me that it would not happen again.

I have frequently found that the school doctors follow the case to their homes and have recommended the employment of certain specialists for the removal of enlarged tonsils. They, of course, get the anaesthetic fee. I hope your paper will cause more than mere newspaper discussion.

Yours truly,
A Subscriber.

Toronto, Oct. 6th, 1921.

The Editor,
The Canadian Practitioner and Review,
Toronto, Ontario.

Dear Sir:

On looking over your editorials I was pleased to see the attitude you take on the various subjects and I think a great deal of benefit to the profession may come out of such discussions.

I may say I think that the men who call themselves specialists are very often only developed in their own line, and by meddlesome advice sometimes interfere with the work and advice of the general practitioner. Also, these specialists have the attitude and create the impression of owning the

public hospitals which should be free to every qualified practitioner. If a general practitioner consults with a children's specialist, the parents are invariably advised that the child should be in a hospital and, of course, the general practitioner agrees in the interest of the child. The child is removed to the hospital and the family physician cannot attend it there. The parents' eyes are opened and, of course, see that the family physician is totally unfit to attend because the specialist and hospital authorities say so. The general practitioner loses the case and generally the family. This has actually happened to me several times and I never got paid for the calls I made. Now this seems to be a perfectly professional and honest way of stealing patients. It is a condition of affairs which is against the best interests of the profession and hence the public.

Regarding the Child Welfare Clinics, what you say is too true. I know several of my patients who have been advised by city nurses to attend these clinics and some have done so to their sorrow. People who are quite able to pay are attending these Clinics and these are the ones who very often leave the general practitioner. Once the baby specialist gets them they are passed around from one specialist to the hospital and the family physician cannot attend it there.

These are only a few of the many difficulties of the general practitioner that your journal can help to remedy. They are the back-bone of the profession and work in the interest of the public. They will have to do something to retain public opinion in their favor.

Yours truly,

East End Practitioner.

University of Toronto---President's Office

Dear Sir,—

When Sir John and Lady Eaton made their munificent gift of $25,000 a year for twenty years to the University for the development of the Department of Medicine the Governors of the Universities gave careful consideration to the organization of the Department. One of the conditions of this gift was that they should continue to devote as much money to the Department as previously. The offer of the gift of one million dollars from the Rockefeller Foundation was also accompanied by the condition that no less should be spent by the Governors than formerly on the departments of the Faculty of Medicine.

In March 1920 a report was drawn up by the Faculty outlining their ideas as to the development in teaching that should be aimed at during the next ten years. That report involves large and increasing expenditures in addition to what is received from Sir John Eaton and the Rockefeller Funds; but last spring the University Governors were informed by the Provincial Government that at present they could not count on increased annual grants from the Province. It is therefore necessary to use what is at the disposal of the University in such a way as to get the best possible results out of it. Hitherto a considerable sum has been spent in small honoraria for clinicians in the various departments, so small as to be in no sense a remuneration for the service which they rendered to the University, but in the aggregate sufficient to reduce materially the money that could be used for development. The Governors, therefore, have adopted the policy that hereafter these honoraria for clinical teaching shall not be given, with the purpose of devoting part of the money to salaries for such of the staff in the Clinical Deparments as are not dependent for their living upon private practice and are giving all or nearly all their time to the work of the University. If it were to be spent in continuing these honoraria, to that extent the hoped-for development would be postponed.

In taking this action the Governors are following the practice that prevails or is being adopted in many similar institutions, and they hope that the members of the clinical staff will not regard it as in any sense due to lack of appreciation. Indeed they wish to take this opportunity of thanking them very sincerely for the devotion to their work so gener-

ously displayed in the past, which has contributed to place this Faculty on the high plane that it occupies in the Medical World.

(signed) Robt. A. Falconer,
President.

October 19th, 1921.

Many things are being said about the University of Toronto which are only true to a certain extent. We all feel that more light should be thrown on a few doubtful points.

We are glad to publish President Falconer's explanation of certain actions of the Authorities about which there has been much comment. It seems unfortunate that the generous gifts of Sir John Eaton and the Rockefeller Foundation should so embarrass the Board of Governors financially that they now feel compelled to cut off the poor, miserable salaries they have been giving to certain hard-working members of their teaching staff for some years. Is that what Sir John wanted, and is that the way he treats a certain portion of his own employees?

Personal

Dr. P. W. O'Brien wishes to announce that he has opened an office at 30 Bloor Street West where he will devote his attention especially to the treatment of infants and children.

Dr. A. H. Veitch has opened an office at 124 Bloor St. West, and will confine his practice to diseases of the eye, ear, nose and throat.

The Case of Dr. Chambers

The story of Dr. Graham Chambers lost in the wilds of Northern Ontario is, in many respects, thrilling.

Dr. Chambers suffered from illness, first at Salonika, then in England while at the Ontario Hospital at Orpington, and thirdly in Canada, after his return to his home. Improving materially after a rather serious time last winter and spring, he left his home in Toronto and spent a short time on his brother's farm, near Woodstock, the home of his boyhood. On his return from Woodstock to Toronto, he appeared to be in excellent health and went for a time to Stony Lake.

In the latter part of August, on the invitation of his brother-in-law, Mr. Rogers, of Fort Frances, one of the oldest towns of far-western Ontario, he went to spend a time in one of his permanent camps, Mr. Rogers being engaged in the fur trade. This camp was situated near Atikokan, probably the largest village between Fort William and Fort Frances, being about 140 miles from Fort William and 80 from Fort Frances, in the Rainy River district. The camp was about six hours' journey north of the station. There were in camp two white men connected with Mr. Rogers' fur business, young Chambers, a nephew of the Doctor, and several Indians. The Doctor was enjoying himself and apparently gaining in health. On September 29th, while walking from Clear Water Lake, beside the camp, to Eye Lake, the Doctor became separated from his nephew for a few minutes, went off on a wrong trail and was lost. The three white men and a number of Indians started in to search early in the afternoon. Many neighbors from the surrounding districts, especially Atikokan, joined them the next day. Very soon the army of searchers grew very large, including six mounted policemen and many men from Port Arthur and Fort William; mostly druggists who had been Dr. Chambers' pupils in former years in the School of Pharmacy, Toronto. On the 12th a large aeroplane went over the grounds without seeing the Doctor, although he saw the aeroplane and waved his hat in an effort to attract attention.

After a long tramp, on the evening of the first day, Dr. Chambers decided that he was lost and made up his mind to make the best of the situation. He took refuge under a certain rock close to the lake which turned out to be Deer

Lake. He did a little walking each day but saved his strength as far as possible. During most of the time the weather was bad, cold with rain and sleet. Exactly thirteen days after he disappeared from the camp, he was found near this lake. He was made as comfortable as possible and got some sleep through the night. The next morning he was carried to the station and removed to Fort Frances. At last accounts his condition was not considered altogether satisfactory.

Dr. Chambers has returned to Toronto and is at his home. seriously ill.

Obituaries

Reginald V. Bray, M.D.

We regret to announce the death of Dr. Bray, which occurred at his home in Chatham, October 2nd, after a short illness from pneumonia. He graduated, M.D. from Victoria University, in 1890, and soon after commenced practice in Chatham, where he remained in active work until the time of his last illness. He was Grand Trunk surgeon, coroner, county physician and Chairman of the Board of Health, in addition to active work in general practice.

John Fraser, M.D.

Dr. John Fraser, of Scottish extraction, and a Canadian by birth, was born in Goderich, Ontario. He studied medicine in Toronto and also in Detroit, graduating from the Detroit College of Medicine in 1885. He practised successfully for many years in Detroit, where he died at the age of 63.

Horace Augustus Yeomans, M.D.

We have to announce with deep regret the death of Dr. H. A. Yeomans, which occurred at his home in Belleville, October 31st, aged 56. He graduated M.D. from the Universities of Toronto and Victoria College in 1889. After practising for a time in Deseronto, he removed to his home town, Belleville, where, for many years he was engaged in a large practice, being for several years previous to the time of his illness, M.O.H. for the city.

Horace Yeomans was well-known and very popular in the Bay of Quinte District. He was a good practitioner and, in addition, a genial whole-souled fellow, popular alike with the public and the profession.

Wilson W. Bredin, M.D.

Dr. W. W. Bredin, a native of Lanark County, Ontario, and a graduate of the University of Toronto, died at his home. Denver, Colo., November 3rd. After finishing his medical course, he practised in Michigan until 1881, when he removed to Colorado..

Abstracts

Myxoedema following X-Ray Treatment of the Thyroid Gland: by S. Grover Burnett, A.M., M.D. The Medical Record, June, 1921.

One of the grave dangers of X-Ray treatment of Toxic Goitre lies in the possibility of over-dose. This is of such frequent occurrence that it has prompted the author to report a case in his own practice. A woman, 35 years of age, was extremely nervous and depressed during her second pregnancy. After the birth of her child she suffered many delusions and underwent a period of grave depression. She rallied after about a year to moderate health, but for four years was only in fair condition. During this time she consulted many doctors with widely diverging diagnoses resulting. Finally, a diagnosis of Toxic Goitre was made, and X-Ray treatment instituted. After four months' treatment the patient returned with very marked symptoms of myxoedema—general oedema, subnormal temperature, pulse and blood pressure, mental hebetude and a hoarse, monotonous voice, loss of hair, dry parched skin, atrophic thyroid gland, and an increase of fifteen pounds above her normal weight on starvation diet. The writer, after describing this case, makes a strong appeal for greater care in the treatment of the thyroid gland which is a most delicate structure. He emphasizes the fact that in a very great many instances the X-Rays are being used by incompetent persons, and he urges a higher standard for all X-Ray workers.

The Choice of a General Anæsthetic in Proctologic Surgery

W. Oakley Hermance, M.D.,
Philadelphia, Pa.

The writer considered the peculiar relation which the sphincter muscles have to anesthesia, citing the interference with complete narcosis, rise in blood pressure, etc., which divulsion produces. Proctologic surgery necessitates working through these most irritable and sensitive muscles, and therefore involves unusual difficulties of exploration and operation. He said that these are greater under general anesthesia, and therefore pleaded for less office and ambulant treatment of rectal cases.

He reviewed the merits and demerits of various forms of anesthesia, pointed out in particular that there are many more fatalities from nitrous oxide, alone and in combination with other agents, than are reported, and cited authorities in support of his statements. From his own and other statistics he concluded that ether of proven quality, given by the open drop method, is the safest and best anesthetic, and finally pleaded that proctologic surgery should be done under such anesthesia, and in hospital surroundings where the best facilities are found for operative work and handling post-operative accidents.
—From Proceedings of Meeting of Proctological Society, Boston, June, 1921.

Toronto, Ont.
Sept. 17, 1921.

Dear Mr. Editor:

I am in receipt of your letter and commenting on this Abstract would say, that in such operations as cannot be performed under local anæsthia, I have been in the habit of giving nitrous oxide and oxygen, with some pre-medication, such as morphine and atropin or the H.M.C. compound. I seldom find it necessary to add ether in such operations as removing hemorrhoids, fissure in ano, etc. I have never had any trouble with nitrous oxide and oxygen, but I do think it requires a great deal of experience before the administration of these gases can become satisfactory to the surgeon.

For general proctologic surgery, I agree with Dr. Hermance, that the administration of ether by the drop method is the

most satisfactory and safest anæsthetic in the hands of the average administrator.

It has been generally taught that very profound anæsthesia was necessary for these operations, but I think we have outlived this idea. Once the surgical degree of anæsthesia has been well established, the patient can be safely carried through, under light anæsthesia.

I also agree with Dr. Hermance, that this branch of surgery should seldom be performed under local anæsthesia, or outside the hospital, and as much care should be taken in the preparation of the patient, and in the surgical technique as for any other operation.

(*Signed*) SAMUEL JOHNSTON.

Radium in the Treatment of Diseases of Women

Dr. W. Edde contributes to *La Presse Médicale d'Egypte* (Vol. II., No. 43), a valuable and very practical article in which he details his experience with radium and its salts. In cases of bleeding fibroids he finds that one application of the radium is generally sufficient: but sometimes, though the fibroid diminishes in size, bleeding continues. In all such cases he advises that the radium be again applied at an interval of some months. He ascribes the radium effects to two causes: (1) Obliterating endoarteritis; (2) reduction in size of the tumour. Of this latter he says the radium causes an artificial menopause. Radium effects are more prompt and effective than X-rays. The first menstruation after treatment is generally more full than usual, especially in young women; the second is less full than normal, and the third period tells of menstrual cessation. In young healthy women, the menstrual flow may reappear after a few years. Chéron, in 120 cases, got successful results in 117; Kelly, with Curtis and Burnam, in 210 cases, got the following results: 94 tumors disappeared 64 diminished in size; 13 refused examination; two were not benefited; two died, one from post-operative bleeding, and one from post-operative apoplexy; and 13 too recently treated to admit of giving results. He also quotes Clarke's splendid record of 150 cases with total cessation of bleeding in 148—*The Medical Press.*

The value of Bram's quinine test in the diagnosis of Exophthalmic Goitre—Mm. Sainton and E. Schulmann; *Progres Medical,* July 30, 1921.

The writers have proved the value of this test on a series of ten cases of Basedow's disease, and, on the basis of their results, they are far from confirming those of Bram. On the other hand, quinine has long been used in France as a treatment for exophthalmic goitre with varying results, and even R. Gaultier still maintains that it has a remarkable tolerance in certain Basedowiens. Be that as it may, quinine has a therapeutic value, but its merit as a biological test is, according to these writers, quite unproven.

Selections

Growing Old

Professor J. Arthur Thomson, in his admirable book *The Control of Life,* counsels his readers to cultivate as many interests as possible. This is the most effectual way to keep the mind young.

It would be interesting to know what proportion of the community continue to the end of life to cultivate interests and thus to widen their mental horizon. Not one in ten, perhaps not one in fifty.

The proportion is smaller among women than among men. Among the masses the interest of the women is practically limited to domestic affairs and local gossip.

Even among the men of the educated classes the mental outlook is often surprisingly narrow—limited, let us say, to business and golf.

Professor Thomson thus describes the process of growing old:—

"The bones become lighter and less resistant, and some of them break easily; the muscles become weaker and stiffer—hence the stoop; the nervous system becomes slower and less forceful, and the heart less vigorous, the arteries are less elastic; the parts begin to fail to answer to one another's call. 'and then from hour to hour we rot and rot'."—*The Medical Press.*

New Drugs and Preparations

Atoxodyne is a new non-toxic anæsthetic, described by Guizez (*Presse méd.*) as a benzoate of a mono-amino alcohol. Subcutaneous injection of a 2 per cent. solution produces an effect similar in character and duration to that of novocain.

Ethanesal is the name given to the anæsthetic ether introduced by Wallis and Hewer, and described in our July issue, page 257.

Gardenal is the name given in France to "luminal," or phenylethyl barbituric acid, as prepared in that country.—*L'Union pharm.*

Hémostyl is a serum obtained from the horse by bleeding the animal during the regeneration phase following a hæmorrhage. It is supposed that the hæmopoietic properties of the serum are increased during this period.—*Lancet.*

Neurinase is a sedative and hypnotic, said to be prepared from valerian and venonal, and to contain no bromides. Dose, half to four teaspoonfuls in 24 hours: also in tablets.

Quinophan is a British equivalent of atophan (Evans Sons Lescher & Webb, Liverpool).

Quinosal is the salicylate of quinine ethyl carbonate (euquinine). It is recommended as a tasteless substitute for quinine salicylate.

Terogon is an antigonorrhoeal preparation containing kava-kava and pichi.—*The Prescriber.*

Pathogenesis and Treatment of Enuresis

[Jahrb. f. Kinderheilkunde.] By A. Pese.

Enuresis nocturna was more prevalent during the war. Thirty per cent. of all the small children and ten per cent. of the older children in a children's clinic at Breslau suffered. Twenty-three small children and eleven older children were exhaustively studied. Enuresis, he concluded is of two types, the symptomatic and the enuresis connected with the depth of the slumber. This latter form is characterized by its persistence from birth, with slight if any intermissions, the frequent coincidence with constipation, and the fact that therapeutic suggestion has no influence on it. Sedatives aggravate the

enuresis, but it can be cured usually by waking the child at intervals before he gets too deep in his slumber plus restriction of intake of fluids.—*The Journal of Nervous and Mental Disease.*

Pathogenesis of Migraine Attacks

[Presse Méd.] By P. Paighiez and A. Nast.

A case of migraine is discussed in connection with findings similar to those reported previously by Paighiez on anaphylactic phenomena in epilepsy. Attacks of migraine frequently precipitated in the subject by ingestion of chocolate especially with milk, were found to be averted by a 0.5 gm. dose of peptone taken before each meal. Experimental combinations were made and different leucocyte counts taken to demonstrate and no migraine were found following meals that included milk and chocolate, both when the preventive medication was being administered, and for several days after its withdrawal. After nine days, however, leucopenia was present, and typically severe migrainous symptoms followed a few hours later. A temporary actual immunity is thus seen to be obtained by the drug followed by a potential period when an attack will not rise spontaneously but will follow the action upon use of a known excitant.—*The Journal of Nervous and Mental Disease.*

Appendicular Asthma

[Presse Méd.] By R. B. Gutmann.

The author here discusses a general visceral neurotic disturbance to which the family name reflex asthma is applied. The asthmatic attack here is related to an appendicular attack; at times migrainous, neuralgic, vertiginous symptoms accompany the vegetative nervous system upset.—*The Journal of Nervous and Mental Disease.*

A Case of Infantile Myxedma

[Gaz. Hebd. Sci. Méd. de Bordeaux.] By E. Soubirou.

In 1914 an infant of eighteen months, previously regarded as a rachitic adenoid subject, was found to be myxedematous. Mother goitrous, maternal grandmother goitrous, with five goitrous children. At eighteen months the patient weighed

7 kilograms (as at birth). Head large, anterior fontanelle persistent, hair scanty, skin eczematous, tongue enormous, irregular Hutchinson teeth, short thick neck, subclavicular fat, one testis undescended, body small in proportion to head, expression of hebetude, short thick limbs, patient cannot walk, has umbilical hernia, and diarrhœa often. He was treated by extract of sheep's thyroid, 1 gm. daily for five days, then five days without it, etc. During the first five days there was vomiting, diarrhœa, and refusal of food. Soon, however a veritable resurrection occurred, the eczema went, the hernia was spontaneously reduced, the tongue now lay inside the mouth, and the infant gradually gained weight. After a year, treatment had to be stopped; a relapse soon occurred. Thyroid treatment was resumed in 1917, with resulting improvement as in 1914. *The Journal of Nervous and Mental Disease.*

Cutaneous Cancer of the Bridge of the Nose

Moure (Rev. de lar., d'otol., et de rhinol.,) states that this variety of cancer of the face occurs in persons aged from 40 to 60, and is apparently more frequent in women. It may appear without any obvious cause or develop on a congenital naevus. It may be situated at the root of the nose, but it is most frequent on the middle third. Its position may be exactly in the middle line, but it may also be lateral. It assumes the vegetative or ulcerative form, but these two forms are not necessarily associated with distinct histological lesions. Dorso-nasal cancer usually begins as a small elevation, which increases in size very slowly, and then, either spontaneously or as the result of a slight trauma, an ulcer forms which bleeds at the slightest contact. As the growth progresses it extends not only superficially but also in depth. Invasion of the lymph glands is usually slight and occurs late. The diagnosis is generally easy. Although at first it may be mistaken for an unimportant lesion, as soon as it becomes ulcerated the tumour becomes covered with a dark crust and the resulting appearance is characteristic.—The British Medical Journal.

Dacryoadenitis in Mumps

M. de Vangiraud and M. Defaux (Journal des Sciences Medicales de Lille)—A labourer, aged 50, was admitted on Sept. 23. Two days previously he had noticed discomfort in swallowing, especially on the right side. He had pain in the parotid region during the night, and it spread in to the submaxillary region. Swelling of the painful area followed. The same night there were some rigors. No headache, backache or digestive trouble. On admission there was marked violet-red swelling of the parotid and sub-maxillary regions, the swelling and redness extending downwards into the sides of the neck and the upper part of the shoulders and thorax. There was pitting on pressure. On Sept. 24 the patient complained of dimness of vision. Lacrymation was observed and redness of the conjunctivae especially in the outer angles of the eyes and in the neighbourhood of the lacrymal glands. The latter were swollen to the size of almonds, slightly raising the upper eyelids. They were painful and sensitive to pressure. The upper eyelids showed some redness, which increased on the following days and the conjunctivitis also became more intense. Lacrymation continued and was accompanied by chemosis. There was intense stomatitis but the orifices of Stensen's ducts did not seem swollen. The temperature during the first two days was 102°, but fell on the third day to 101°, and thence tended to normal, rising, however, to 102° in the evening of the fourth day, when the swelling of the lacrymal glands was observed. There was slight albuminuria during the febrile period. By Sept. 28 the swelling of the lacrymal and salivary glands was much reduced and the patient was apyretic. During the subsequent recovery, desquamation took place over the whole area that had been oedematous. The patient was discharged cured on Oct. 21.—The Medical Review.

Delayed Union in Fractures

Segre (Riv. Ogsped.,) reports five cases of delayed union in fractures where consolidation was soon induced by means of injections of 1 per cent. solution of osmic acid. From 1 to 5 c.cm. was injected at the site of fracture and

the injection repeated in three or four days' time. The best results were obtained by giving the smaller injections —that is, 1 c.cm.—at more frequent intervals. Very little local pain followed their administration.—The British Medical Journal.

The Surgical Treatment of Neuralgia

(The Practitioner.)

Sir William Thorburn uses the term "neuralgia" in its widest sense. It connotes no pathology and no etiology, but merely indicates pain in the distribution of one or more nerves, not due to any obvious gross lesion; in fact he uses it in the sense in which it is commonly employed in general practice, and even by the laity. This being so, it is necessary in the first place to realize that such pain may be due to very varying conditions, by no means all of which call for surgical treatment; and the first essential in connection with treatment of any kind is an accurate diagnosis, if such can be made, of the real cause of the neuralgic pain. For purposes of convenience he divides the varying types of neuralgia into five groups: 1. Neuralgias due to certain general conditions, probably toxic in their nature, such as anemia, malaria, gout, rheumatism, and syphilis. None of these call for surgical treatment. 2 Cases due to pressure upon nerves, in the great majority of which surgery will call for consideration. If an accurate diagnosis is made, the question of treatment will follow almost as a matter of course. 3. Neuralgias associated with locomotor ataxia, sometimes with other parasyphilitic diseases of the nervous system. These are placed under a separate group because the pain is often severe, very long-standing, and calls for a somewhat special line of treatment. 4. Neuralgias due to intraneural lesions. Under this category, among others, come cases of causalgia, which became familiar during the war. The writer's strong feeling is that in all cases of persistent neuralgia in which one is reasonably confident that the lesion lies within the nerve trunk, the proper course to pursue is to expose the trunk as far as possible from end to end. 5. "Ganglionic neuralgia," socalled, provisionally, on the assumption that the essential lesion lies not within the nerve trunk but in the ganglion with which such nerve trunk is asso-

ciated, the two outstanding instances being trigeminal neuralgia and postherpetic neuralgia. To deal with the last first, there is a reasonable presumption that persistent neuralgia after herpes is due to a lesion of the posterior root ganglion of the nerve concerned, and that division of the posterior roots involved, with or without removal of the ganglia, ought to cure the condition. Of trigeminal neuralgia the writer has had many complete and certainly permanent cures by removal of the Gasserian ganglion.—Medical Record.

Acoustic Nerve Tumours

De Martel (Bull. Mem. Soc. de Chir de Paris,) describes his present-day technique when operating upon tumours of the acoustic nerve. He remarks that the results of operations upon these cases have been so bad that the physician who sees the case is chary of handing them on to the surgeon. He has recently had three successes out of five attempts, and claims that these are the first cases of recovery after operation published in France. De Martel uses Cushing's technique with two variations. He has the patient in the sitting posture astride a chair, with his forehead resting on the arm, and infiltrates with novocain instead of giving a general anaesthetic. He thinks that these two points are of great value, as haemorrhage is less and the patient is able to aid the surgeon by moving the head when required and rendering the pontine angle more accessible. These tumours are usually small, occupy the cerebello-pontine angle and early produce deafness.—The British Medical Jounal.

Fees

Quite a pother has been in the newspapers over the announcement that the trustees of Johns Hopkins Hospital have made a rule governing the charges of surgeons and internists treating patients in the institution. The edict records that "The maximum fee that any surgeon ought to charge for an operation, no matter how wealthy the patient may be, is $1,000. The maximum charge that any physician ought to make for

attending patients in a hospital is $35 a week." The dictum is in line with the increasing tendency toward lay control of medical practice, but it concerns only the physicians and surgeons at one particular hospital. The surgeons at the Peter Bent Brigham Hospital in Boston will not feel under any obligation to abide by this rule, neither will those at the Mayo Clinic in Rochester, Minn. Nor should it, nor will it, influence any other surgeon with self respect and a just appreciation of his own worth. Surgeons outside of the Johns Hopkins will continue to charge what they deem proper, whether fifty dollars or five thousand, and one thousand will not be their minimum, as it might be if the law restricted them to a maximum of this amount.—*Medical Record.*

Radium in Sarcoma and Carcinoma of Bone

Neill, Junr. (Amer. Journ. of Surg.), after testing the efficacy of radium in the treatment of sarcoma of bone, finds that the disease is sometimes destroyed with the formation of new healthy callus. The number of cases treated is at present too small for the citation of percentages. Three methods were tried: (1) Permanently burying minute glass capillary tubes (containing from 1 to 3 millicuries) directly into the disease; (2) massive treatments from the surface at from 1 in. to 4 in. distance with from 1 to 4 grams of radium; and (3) laying bare the diseased tissue and inserting a large amount of radium into the tumour while the patient is under anaesthesia. The first appears to be the most effective, and in some instances all three methods were combined. The most striking result is complete or partial relief of pain, and this is followed by marked decrease in swelling, increased function, general improvement in health, and redeposition of new bone taking place in from two to five weeks.—The British Medical Journal.

Pain on the Left Side in Appendicitis

According to Hamant (Rev. med. de l'Est), who records an illustrative case in a girl aged 13, pain on the left side in appendicitis may be primary or secondary. When it is primary, it is due to the appendix being situat-

ed on the left side. The organ may be so displaced under three different conditions: (1) Inversion of all the organs; (2) the caecum and appendix, as the result of ptosis or through their possessing a long mesentery, take up their position on the left side of the abdomen; (3) the appendix being abnormally long becomes attached to the left iliac fossa or its immediate neighbourhood. Much more frequently the pain on the left side in appendicitis is only secondary, and is due to an extension of an inflammation or suppuration originating on the right side.—The British Medical Journal.

Subphrenic Abscess by C. H. Fagge

By C. H. Fagge

Subphrenic abscess is now believed to be due to gastric or duodenal ulceration in 80 per cent of the cases. Previous to the last decade the appendix was held responsible in 50 per cent. The change in the theories as to the cause is due to the early recognition of, and operation for, appendicitis. Practically all subphrenic abscesses are intraperitoneal if we exclude a few due to gunshot wounds in the retroperitoneal tissues or to extensions from the liver or other abscesses through the non-peritoneal surface.

Two types of subphrenic abscess are recognized. In one the onset may be acute, the result of the subacute or chronic perforation of a hollow viscus. Because of the previous localized peritonitis and adhesions, the neighborhood of the base of the ulcer is walled off. Either by perforation or extension of infection through the wall of the viscus an abscess forms, which at first is limited to adjacent organs. As it enlarges it points on the abdominal wall.

The second type of subphrenic abscess is found as a complication following operation usually for an upper abdominal lesion. These are more insidious in onset and difficult to diagnose.

An important factor in the diagnosis is the history, especially a history of ulcer symptoms and intra-abdominal infection. The initial symptom is pain which is usually

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If there is one subject in the world on which the majority of people stand in need of authoritative information it is on the subject of food.

This lack of definite knowledge explains why the percentage of nutritional disorders is so high. Also why such a large proportion of our population is under-nourished and nervous.

One food containing the elements required for nutritional balance is Grape-Nuts—made from whole wheat flour and malted barley—eaten with cream or milk.

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Why not instruct a few of your chronic cases to eat Grape-Nuts as a cereal, or made into a tasty pudding for dessert? See if this does not fit in with your medical treatment of the case.

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localized to the spot where pus is found later. Vomiting and, more often, hiccough occur. Among the general symptoms are septic temperature, rapid pulse, a dirty dry tongue, increasing anaemia, leucocytosis, and a muddy complexion.

The local signs of subphrenic abscess consist of local rigidity and deep tenderness followed by dullness and swelling. If colon bacilli are present, gas may cause a tympanitic note or a peritoneal friction sound. Because of adhesions the liver dullness may not extend downward and the tumor may not be movable with respiration. The X-ray will show the diaphragm high and immobile on the affected side.

Examination of the chest will reveal compression of the base of the lung on the affected side and later perhaps signs suggesting pleural effusion. The latter is a complication in two-thirds of the cases.

Spontaneous rupture of the abscess may occur but should be prevented by operation. Under a general anaesthetic an exploring needle should be used to locate the abscess definitely. The spread of the infection to the pleural or peritoneal cavity has not been noted.

The posterior transpleural thoracic route is the route of choice for operation. A 3-in. section of the rib over the lowest point of the abscess as ascertained by the needle is removed. The diaphragm is incised but not perforated, and the upper edge is sutured through the parietal pleura and intercostal space to the upper margin of the wound. The abscess is then incised freely and a large rubber tube is inserted.

In conclusion the statement is made that subphrenic abscess may not be definitely diagnosed until pus is found and drained and even then it may be difficult to determine that one is not within the liver and draining an amoebic abscess, an abscess of suppurative pylephlebitis, or even a suppurating hydatid cyst as the three syndromes are similar. Pylephlebitis is differentiated, however, by its greater severity, rigors, and jaundice, and a hydatid cyst by the fluid aspirated.—Surgery, Gynecology and Obstetrics.

Heat vs. Cold

IN PNEUMONIA

The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

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Dominion Medical Council

Dr. Robert W. Powell, of Ottawa, Registrar of the Medical Council of Canada, has kindly given us the following results of the examinations of the Medical Council of Canada, held at Toronto, Winnipeg, and Vancouver, in June. The successful candidates will receive the diploma known as L.M.C.C.—Licentiate of the Medical Council of Canada.

A. C. Abbott, Winnipeg; K. J. Austmann, Winnipeg; C. Bennett, Kingston; W. Bolt, St. John's, Nfld.; R. Boyle, Gananoque; H. Brown, Cornwall; M. Bryant, England; B. Cannon, Vancouver; C. Carruthers, Sarnia; H. Casselman, Winchester; A. Carlisle, Peterboro; G. Charter, Vancouver; R. Childerhose, Ottawa; H. G. Clark, Toronto; W. Cornett, Kingston; T. Curphey, Hamilton; S. L. Danby, Ottawa; G. R. Davison, Brockville; D. J. Dolan, Pakenham; W. Dorrance, Edmonton; H. Elliott, Halifax; E. Ewart, Bolton, Ont.; M. Folinsbee, Toronto; L. Lowler, New Westminster, B.C.; J. M. Frawley, Sudbury; D. Hall, Brockville; C. Hankinson, Smithers, B.C.; H. Hart, Shakespeare, Ont.; W. Hay, Winchester, Ont.; W. Henderson, Chilliwack, B.C.; W. Hutcheson, Gananoque, Ont.; S. G. Kenning, Victoria, B.C.; H. D. Kitchen, Souris, Man.; G. Lee, Souris, Man.; A. M. Menzie, Pender Island, B.C.; C. Meredith, Glenbara, Man.; Alice Mooney, Grand Coulee, Sask.; J. K. Mulley, Wetaskiwin, Alta.; K. Murray, St. Stephen, N.B.; Helen McDougall, Vancouver; J. B. McGuire, Winnipeg; A. J. McIntyre, Lucky Lake, Sask.; J. Crobko, England; A. Riddell, Morrisburg, Ont.; C. Ruby, Montreal; I. W. Ruskin, Windsor, Ont.; L. Sicard, Buckingham, Que.; A. J. Tripp, Fitroy Harbor, Ont.; O. Van Etter, Vancouver; A. F. Van Wart, Fredericton, N. B.; P. Whelan, San Francisco, Cal.; H. Willis, Newmarket, Ont.; F. H. Wilson, Stouffville, Ont.; W. Woodhouse, Niagara Falls, Ont.; F. Zwick, Stirling, Ont.

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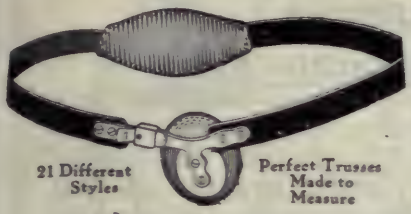

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Miscellaneous

The Importance of Nutritive Repair

in the treatment of all bodily disorders, associated with loss of weight and general vitality, is too patent to need more than passing emphasis. The question of how best to bring about such a desirable result is, however, one that the physician is daily called upon to answer, and upon his ability to "build up" his more or less devitalized patients will largely depend his success in the treatment of chronic affections. Taking, for example, a patient suffering from Pulmonary Tuberculosis in the incipient or secondary stage, what are the approved measures to adopt to bring about improvement of nutrition and a consequent gain of weight and strength? All phthisio-therapists now agree that the therapeutic trinity of salvation for the tuberculosis invalid is composed of: 1—Fresh, pure air, in abundance, both night and day; 2—A properly balanced ample supply of nutritious food; 3—Plenty of rest, especially during the febrilè period.

While medication is useless, unless the patient is properly fed, "ventilated" and rested, as above referred to, there is no doubt that intelligent medical treatment, designed to promote nutrition, is indicated in a majority of cases. If the tuberculosis patient has been neglected, for any length of time, some degree of anemia is almost always present. In such cases, an absolutely bland, non-irritant, readily tolerable and assimilable form of iron, such as exists in Pepto-Mangan (Gude), cannot be but of benefit, by stimulating the formation of erythrocytes and hemoglobin, and thus augmenting the oxygen-bearing potency of the blood. Metabolic interchange is thus quickened, better absorption and assimilation of food follows, and as a consequence, nutritive repair is encouraged and hastened.

A Method of Preventing the Absorption of Intestinal Toxins

"Keep the colon toxins from being absorbed by the body," is the urgent appeal of the modern authority. This is almost tantamount to saying: "Keep the mucous membrane of the colon intact," for it is through abrasions in

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this membrane, hindering the outflow of mucous into the colon, that the absorption of toxins from the fecal matter takes place.

To overcome such a condition, Nujol is freely used by the profession. It retards the absorption of poisons by preventing their contact with the living tissues. It also exerts a lubricating power, softening the stools to permit easy and frequent evacuation. In addition to this, an important function of Nujol is the absorption of toxins, retaining them in the fecal mass until expelled.

Nujol is readily accepted by the most "finicky" patient, because it is absolutely tasteless, odorless and of a crystal clearness.

Tuberculous Stenoses of the Bowel

By V. Mayde.

In this article the author discusses the pathogenesis, diagnosis, and therapy of tuberculous stenoses of the bowel and reports the cases he has operated upon during the past sixteen years. Of 19 cases of stricture of the small bowel 2 were complicated by tuberculosis of the caecum. In one of these cases an acute ileus (volvulus) with six separate strictures of the small bowel had persisted for eight days. This patient died. The bowel was resected in 15 cases and in 6 the length of the resected portion was greater than 1 mm.

Of 18 patients with chronic tuberculosis of the small intestine without ileus, 85 per cent recovered and 3 died. Resection for ileocaecal tuberculosis in 26 cases was followed by recovery in 20 cases and death in 6. In 31 cases of caecal tuberculosis the unilateral exclusion of the bowel with anastomosis of the small and large intestines was performed. A recovery resulted in 29 cases and death in 2, the mortality being therefore 6.5 per cent. In 9 cases only an exploratory laparotomy was done and there were no operative deaths.

The end-results in 85 cases were an operative cure in 83 per cent and death in 17 per cent. In the non-complicated cases of chronic tuberculous stenoses of the bowel an operative cure was obtained in 86½ per cent.—Surgery, Gynecology and Obstetrics.

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Proteogen Therapy

Modern studies in biochemistry have opened up new phases of disease processes and new methods of treatment based upon these investigations have been devised. Recent studies of phenomena which occur in the living organs, and the influence of such substances as the proteins, albumins, enzymes, vitamines, lipoids, acids, chlorophyll, etc., show that these products, derived from vegetable sources, are capable of producing therapeutic effects of the greatest value, when introduced into the circulation, in the treatment of various types of diseases, and of removing the causative factors thereof.

While the exact methods of action of the proteins and other substances just mentioned are not in all their aspects fully known, there is no question that either by acting as catalysts, or in other ways, they exert an extraordinary influence on the metabolic and other processes of the body.

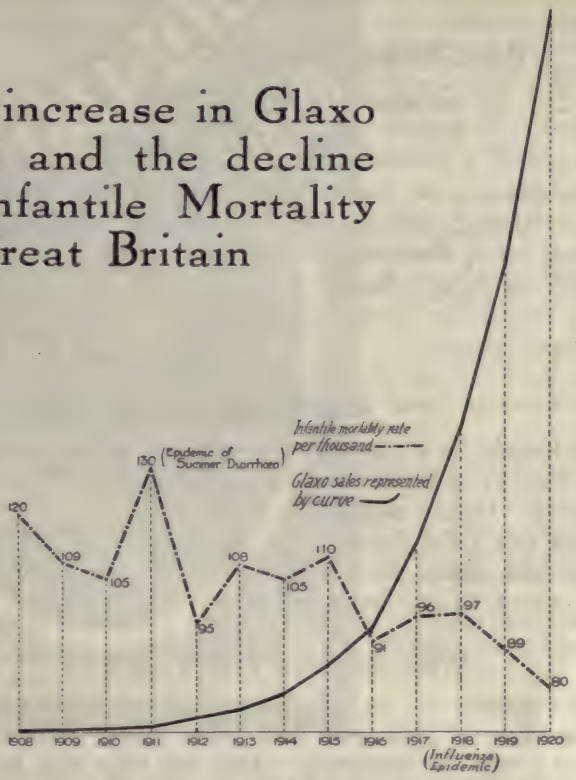
It has been found that certain combinations of substances being derived from the plant protoplasm, either themselves exert a powerful effect on protein and other complexes, splitting them up or in other ways so altering them as to render them harmless and more easily eliminated from the system, or they so affect the human body when invaded by parasites or when suffering from diseased metabolism, that they aid it in overcoming the disease.

The Proteogens have been the outcome of experimentation along these lines.

No single one of the active constituents of Proteogens can be assayed accurately by itself any more than can those of other plant extracts, the therapeutic action of which does not depend on alkaloids.

The proteins used are selected for their fitness to combat specific conditions are identified by certain color reactions.

The increase in Glaxo sales and the decline of Infantile Mortality in Great Britain



The decline of the Infantile Mortality Rate in Great Britain is of course the result of many factors working to that end, and it would be unreasonable to attribute the decline solely to the remarkable increase in the use of Glaxo during recent years.

The sympathy between the two curves shown here is, however, striking; especially when it is remembered that Glaxo is used, almost to the total exclusion of liquid milk and "infant foods," by practically all (more than 1700) of the Infant Welfare Centres in Great Britain.

The remarkable decrease of Infantile Summer Diarrhœa is attributed by many authorities partly to the replacement of infective raw milk by Glaxo.

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Rare Symptoms in Thyroiditis

[Il policlinico.] By M. Fasano.

The case of a married woman of thirty years of age is here reported. During an attack of suppurative thyroiditis, tachycardia developed, tremors of the upper limbs, slight exophthalmos, and Moebius's sign, but neither Stellwag's or von Graefe's sign. Rapid disappearance of the symptoms followed evacuation of the abscess.—*The Journal of Nervous and Mental Disease.*

Humorous

The length to which college spirit is sometimes carried may be seen by a remarkable tombstone in Winchester School in England. It runs something like this:

"Here lies John Jones, who, on January 5, 1801, at the age of sixteen years, died and went to Heaven, instead of to Oxford, where he had expected to go."

Wise Beyond His Years

The inspector in an English school asked the boys he was examining: "Can you take your warm overcoat off?" "Yes, sir," was the response. "Can the bear take his warm overcoat off?" "No, sir." "Why not?" There was silence for a while, and then a little boy spoke up: "Please sir, because God alone knows where the buttons are."—*Buffalo Courier*

An Example

"Say, Dad, what is a 'figure of speech'"?

"Where's your mother?" asked "Dad," cautiously.

"She's downstairs," answered the boy.

"Well, then," began "Dad," "a figure of speech, my son, is a woman."—*Harper's Weekly.*

Yielding her Prerogative

He—"The hand that rocks the cradle rules the world. Don't forget that."

She—"Then you come in and rule the world a while. I'm tired."—*Woman's Journal.*

ERGOAPIOL (Smith) is a singulary potent utero-ovarian anodyne, sedative and tonic. It exerts a direct influence on the generative system and proves unusually efficacious in the various anomalies of menstruation arising from constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotions or exposure to inclement weather.

As an analgesic in gynecological cases, Ergoapiol (Smith) is superior to opium or coal-tar derivatives in that, besides relieving pain without exposing the patient to the danger of drug addiction, it also offers a tonic and restorative action upon the pelvic viscera.

It is a uterine and ovarian sedative of unsurpassed value and is especially serviceable in the treatment of congestive and inflammatory conditions of these organs.

The anodyne action of the preparation on the reproductive organs is evidenced by the promptness with which it relieves pain attending the catamenial flow, and its anti-spasmodic influence is manifested by the uniformity with which it allays nervous excitement due to ovarian irritability or other local cause.

Ergoapiol (Smith) proves notably efficacious in amenorrhea, dysmenorrhea and menorrhagia.

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"He gave me an example of our perseverance. Not less than forty-seven American correspondents called on him at the Board of Trade offices for an interview one week, on the American tariff, and, as none of them had sufficiently good credentials, he refused to see them.

"Finally a correspondent came with a letter from Mr. Lloyd-George, and him Mr. Churchill saw gladly.

"'Do you know,' he said to the young man, 'that I have refused to see forty-seven of your compatriots on this very subject?'

"'I ought to know it,' the correspondent answered, 'for I'm the whole forty-seven'."—*Philadelphia Bulletin.*

Wanted the "Jigger"

"Don't be surprised at the faith cures you hear about. Even in legitimate medicine faith plays a large part," said a local physician, the other day.

"A friend of mine treated an old woman for typhoid fever. At each visit he put his thermometer in her mouth to take her temperature. She improved, and finally a day came when my friend could dispense with his temperature taking. That day he merely prescribed and departed.

"But he hadn't got far from the house when the old woman's daughter ran after him and called him back.

"'Mother's much worse,' she said.

"My friend went back to the old woman. She looked at him reproachfully from her pillow and moaned:

"'Doctor, why didn't ye gimme the jigger under me tongue to-day? That does me more good than all the rest of yer trash'."

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Stocks of both forms of this improved combination of the hypophosphite salts are now in the hands of your local druggist. We solicit your prescription for same.

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The Woman's Standpoint

In considering the question of marriage from the woman's point of view, a distinction has to be made between the less critical masses and the more critical classes.

Among the former it is, I fancy, safe to assume that almost all the women are willing to marry the first man who presses his suit with sufficient persistence; and the like is probably true of the majority of women among the more educated and more critical classes. Some other man might be, and often, indeed, is preferred, but if the desired object is not obtainable the less attractive suitor is accepted with less or greater searchings of heart.

This happens far more frequently, but especially among the classes, than is generally supposed. It would be interesting to know what proportion of women among the classes marry the men of their heart's choice. Probably not one half. The husbands who are accepted as the next best, or as the third or fourth best, are for the most part entirely ignorant of the true situation, and with the vanity natural to men fondly imagine that they have won their wives by virtue of their irresistible charms.

It does not follow that marriages of this kind are necessarily unsuccessful. The contrary is often the case. Indeed, the man who is chosen in default of someone else may turn out to be a more suitable partner than the desired object would have proved.

Too Tame

At a dinner dance, after the maxixe, the girl's partner, a bespectacled young man, said to her: "Let's go and walk in the sunken garden."

"I don't like to go into the garden," the girl said shyly, "without a chaperon."

"Oh, we don't need a chaperon, I assure you," said the bespectacled young man.

"Then," said the young girl, "I don't want to go into the garden."—*Exchange.*

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Original Communications

Neurosis as a Palliative in Law

By the Honorable William Renwick Riddell, LL. D., Justice of the Supreme Court of Ontario.

In pronouncing sentence upon a young man in Toronto recently, I gave reasons for making the sentence lighter than it otherwise would have been. My remarks on that occasion have excited some attention among psychiatrists as well as lawyers in the United States, and I have received several letters concerning the case. It has been suggested that the case would be of interest and value to Canadian medical men; and in that view I am sending you a copy of a letter written by me to one of the ablest and most favorably known of New York medical men, with a copy of my remarks

Osgoode Hall,
Toronto, Nov. 28, 1921.

William Renwick Riddell,

"My dear Doctor:

The case of E. H. to which you refer required a great deal of careful consideration. I am glad to know that in the opinion of one so qualified as yourself to speak, my 'consideration of the lessened resistance of the psycho-neurotic' in administering justice is the first really intelligent and just judgment you have known to come from any Bench in such cases.'

The facts are interesting. E. H. was a young Canadian who, under the army age, enlisted in the Canadian forces and went to France; there he joined the Flying Corps and did very brilliant and daring work, receiving the Military Cross. On his return he went into the business of bond-selling, and was very successful. He was fond of driving an automobile; he ordered to be built for himself in England a car of very great speed; and while it was being built, he borrowed one of the same kind for use in Toronto. One Sunday morning, in the warm Summer, he and three others, came along one of our streets in this car at a speed of from 40 to 50 miles an hour; and at an intersection they ran into a milk wagon. The milk wagon was smashed and the milkman instantly killed, while the four occupants of the automobile were seriously injured. It was the natural supposition of many in the City that these four young men were drunk. I am glad to say, however, that the evidence at the trial was to the effect that such was not the case, but that they were perfectly sober and knew what they were doing.

E. H. was indicted for manslaughter and was tried before me and a jury of the County of York, when he was convicted. During the trial I observed him closely both in the prisoner's dock and in the witness box; and I made up my mind that there was a neurotic taint. After conviction, when I reserved judgment to look into his case, I found that he was in the habit of driving at full speed, that he seemed to have no sense of danger, either to himself or to others, that persons had refused to drive with him, and had warned him of the danger he was incurring, the warnings being met on his part with a laugh.

I sent for a physician who knew the family; and, as I expected, I found a neurotic family history. My conclusion was confirmed that the experience of the young man in France, acting upon a mind not fully matured, had induced a neurosis, which I took into account in fixing the penalty for his crime. My remarks on passing sentence I subjoin.

Evidence of this neurosis was not offered at the trial, nor would I have accepted it: in our law, insanity, etc., is only a defence where the act is done or omitted when the accused is "labouring under natural imbecility or disease of the mind to such an extent as to render him incapable of appreciating the nature or quality of the act or omission, and

of knowing that such an act or omission was wrong." It was obvious that E. H. had no such affection of the mind as is indicated in the Statute.

But I could and can see no reason why, when punishment is to be imposed, the moral guilt as well as the legal guilt should not be taken into consideration.

The Honorable Mr. Justice Riddell, in sentencing E. H. said:

"E. H. you have been convicted of a very serious offense against the law, by a jury who gave your case the most careful consideration and who could see no escape from a verdict of guilty. I entirely agree with them. It now becomes my painful duty to award your punishment—and this has occasioned me most serious thought.

"The jury made a strong recommendation to mercy based upon your previous good conduct and your war record; and your counsel and others have made representations to me of very great moment.

"Your previous good conduct you are entitled to the benefit of, and I do not forget it, any more than I forget the commendation of those who know you well.

"Your war record was notable and most honourable; and I thank you as well as your gallant comrades for your splendid services to Canada and to civilization. But you and they fought that the world might be governed by law, and you must submit to law as cheerfully as you fought for it. There may be a quarter in which such services can be taken into account, but a judge cannot make a favored class—all are equal before the law.

"My enquiries led me to the conclusion that you were dangerous to the public whenever you took hold of the wheel of an automobile, that you drove recklessly and without due regard to the public safety, and I had little difficulty in determining the cause—a cause wholly creditable at its inception.

"Quite young, before you had become set in body or in mind, you went to the front in common with thousands of other Canadian boys; you were in a place where there was no speed limit, where the best soldier was he who got to his destination most quickly, taking such chances as there might

be—the bravest taking perhaps the most chances. You were brave and indifferent to danger; you were successful in driving such machines, and were a credit to the Canadian army. I am wholly confident from what I have learned, that you became affected with a neurosis, an abnormality, through the experience at the front acting upon a not-fully-matured mind. I am confirmed in this opinion by competent medical men. No doubt you are not conscious that there is anything wrong with you, and you consider the exhilaration and pleasure caused by rapid movement wholly natural: but that does not alter the fact. The same bravery, indifference to danger, reckless courage, which may in war win a Cross, may in peace make a criminal.

"While you were no more to be trusted with a machine than a dipsomanic with a bottle of whisky, your impulse to drive at great speed is not insanity; it is not irresistable; your will, if you but exercise it, is quite strong enough to repress this impulse. At war, it did not need to be repressed, but on the contrary duty agreed with pleasure and great speed was as useful as it was (to you) desirable; in peace it must be restrained. At war, it was often your duty to kill; at peace, it is your duty to save life.

"To the extent that this neurosis relieves your conscious mind of much guilt, to that extent I may and do take your war record into consideration.

"It does not seem necessary to say much of the horrible toll of deaths by the automobile, many, indeed, unavoidable: many, the sole fault of the deceased, but all too many in whole or in part the fault of the automobile driver. All these last are crimes and not merely pieces of bad luck as they are so often regarded.

"Did I think that you could not resist your impulse to drive furiously, that the vicious propensity in the blood was beyond control, you would, however good your disposition otherwise, be a danger to the public, and I would impose a long term of imprisonment. But I do not think it is uncontrollable.

"You have no conscious criminal tendencies, and I hope that you will not for many years, at least, touch a driving wheel. (I should feel more satisfied if you never touched one again.) But I must consider the warning to the public given by a sentence for crime. Moreover, our law does not as yet

provide any means of preventing such as you from operating automobiles and so becoming a menace to the public; and punishment is the only deterrent.

"Had your offence been committed after the solemn warning given by myself a week ago in this place, and which I now repeat, I should have sent you to the penitentiary for a long term of years, punishing manslaughter by automobile in the same way as manslaughter in any other way; there is no difference between that and any other killing. But I remember that the offence was committed months ago, and I am not prevented from giving effect to the jury's recommendation to mercy, while some of the moral guilt is removed by the considerations already mentioned.

"The ends of justice will, I hope, be attained by a sentence of imprisonment for one year, and the prisoner's promise not to drive a car for ten years."

Public Health in Upper and Lower Canada

By John W. S. McCullough, M.D., D.P.H.
Chief Officer of Health, Ontario.

The earliest evidence of the recognition of Public Health in Canada was the enactment of the Quarantine Act in 1794.

The epidemic of cholera (1832-4) stimulated the Legislature of Upper Canada to action and an Act to establish Boards of Health was passed by that body. From this time to 1848 there was little or no activity in respect to public health matters. (The Provinces of Upper and Lower Canada were united in 1840). There was a typhus epidemic in Canada in the years 1845-7, and of cholera in 1849, and again in 1854-5. It will be of interest in passing to note that in 1847 immigrants to the number of 98,100 passed through the port of Quebec. Of these 8,691 were admitted to Grosse Ile Hospital. Three thousand two hundred and twenty-six of these and two thousand one hundred and ninety-eight others on ships in quarantine died of typhus fever, and are buried at Grosse Ile. The outbreak of cholera was doubtless the reason for the enactment establishing "A Central Board of Health" in 1849. The public mind remained undisturbed in respect to public health until 1866, when the outbreak of cholera in that year induced the Government to enact new regulations looking to the control of the disease. Confederation of the provinces of Canada occurred in 1867, and in 1873 a Public Health Act passed in Ontario permitted the appointment of members of municipal councils and trustees of police villages to act as health officials (Local Health Committees). These were the forerunners of the present local boards of health.

In 1882 the Provincial Board of Health was established under the authority of 45 Victoria, Chap. 29, R.S.O. A permanent secretary in the person of Dr. Peter H. Bryce was appointed. He continued in office until the year 1904, when he resigned to become Chief Medical Inspector to the Department of the Interior and Indian Affairs at Ottawa.

It will be remembered that the enactment of 1873 permitted the appointment of local health committees, but up to 1882 only fifty of these committees had been appointed.

The first meeting of the Provincial Board of Health was held in Toronto *on May 9th, 1882.* The first chairman was

Dr. Wm. Oldright, and the other members were Drs. C. W. Covernton, J. Hall, J. J. Cassidy, F. Rae, H. P. Yeomans, and P. H. Bryce, Secretary.

The first annual report was published in 1882-3. In November, 1882, Principal John Galbraith, C.E., of the School of Applied Science, was appointed to succeed Dr. J. Hall, who had resigned. Of the early members of the Board the sole survivor is Dr. Peter H. Bryce.

The Premier of the day, Mr. (afterwards Sir) Oliver Mowat, speaking to Dr. Bryce (the first Secretary of the Provincial Board) said: "We have passed this health legislation but have little knowledge of just what there is to do, or of its extent, but in any case, Dr. Bryce, its success will wholly depend upon your energies." These words were spoken thirty-eight years ago, and as Dr. Bryce says: "The comparison of the grant of $4,000 in 1882 for the payment of the half-time Secretary of the Board and for travelling and other expenses with the half million or more voted in 1920, will serve to illustrate the evolution of Public Health as a part of the social activities of a progressive modern community."

The original Act passed in 1882 had in addition to the establishment of the Board the following objects:—

(1) Collection and dissemination of sanitary information.
(2) Health legislation.
(3) Investigation of the causes of diseases.
(4) Dealing with outbreaks of disease.
(5) Dealing with food and drink supplies.

It needed considerable courage to enact what were considered drastic health laws in those days, and it was with some misgivings, that the Premier of the day introduced and passed in 1884 the Public Health Act, which with succeeding amendments is the basis of the excellent Health Code existent at the present time. The Public Health laws of Ontario, like most of our laws, are founded on those of England.

In 1900 the Act to establish County Sanatoria was passed, providing for assistance in the cost of building and for a per capita grant in the maintenance of patients. In 1892 the Registration of Births, Marriages and Deaths was placed under the control of the Secretary of the Provincial Board, who became Deputy Registrar-General.

The year 1890 was prolific in important additions to the Act. In this year provision was made whereby County Health Officers might be appointed. This enactment failed to enlist

the encouragement it deserved. This may have been due to hesitation on the part of the County Councils to incur the expense hitherto, and still, borne by the municipalities. Another reason may have been the large size of our counties. Greater results might possibly have been attained if the Government had been wise enough to have given some financial assistance for public health purposes to the counties. The provision for County Health Officers remained on the statue books until the revision of 1912, when it was dropped. Some changes were made in the appointment of local boards in 1895, and in this year the important step of placing *the approval of plans for water supplies and sewerage works* in the hands of the Board was made law. The present satisfactory condition of a large proportion of our public water supplies may be traced to this enactment, and to the subsequent stiffening of the law in this respect.

In the years 1896 to 1900 further provision was made in the licensing and inspecting of meat and milk supplies. The recognition of the increasing importance of the lumber trade in the immense forest areas of Ontario, as well as the mining industry led to the enactment in 1901 of *provisions for the sanitation of industries in unorganized territory*. This was the first recognition of industrial hygiene in Ontario.

Up to 1890 the office of the Board was located on the upper floor of Philip Jamieson's shop, at the north-west corner of Queen and Yonge Streets, and in the same year the first Public Health Laboratory was established under the direction of Prof. J. J. Mackenzie.

Professor Mackenzie has been good enough to write as follows:—

"The Board of Health, at that time (1890) was in the Department of Agriculture, and the offices of this branch of the service were in the upper floors of the building upon the north-west corner of Queen and Yonge Streets. With the establishment of the laboratory, the Board of Health moved into rooms on the top flat of the Wanless Building, a few doors below Queen Street on Yonge Street. The Board remained in these quarters until the present Parliament Buildings were opened, when the laboratory was moved to a room in the Biological Department of the University.

"There was no special appropriation at first for the equipment and maintenance of the laboratory, but this ex-

pense was met from an appropriation in the Department of Agriculture for the investigation of diseases of animals.

"Almost the first work undertaken by the laboratory was the investigation of outbreaks of rabies. An interesting point about this was that in 1895 I saw the structures afterwards described as 'Negri Bodies' in the brains of rabbits dying from rabies, in dogs and in the brain of a child who had died of rabies in Hamilton. I thought the structures were degeneration products, and so described them at the meeting of the British Association in Toronto in 1897. In the annual report of the Association for that year there is a brief abstract of the finding.

"The work gradually extended to systematic bacteriological and chemical examination of water supplies. The systematic examination of suspected diphtheria swabs, suspected tuberculosis sputum and blood from cases of suspected typhoid fever, *was begun by the laboratory earlier than anywhere else in America.*

"An interesting study of a local outbreak of typhoid fever near Innerkip was made in 1896 when one of the earliest suggestions of the role of the typhoid carrier, in the causation of circumscribed outbreaks of typhoid, was made. In this epidemic the Widal test was made on all the cases and the contacts. Tuberculin testing of cattle was initiated by the laboratory, and for a time, tuberculin and mallein were imported from the Pasteur Institute, Paris, and distributed where required in the province."

Dr. Mackenzie remained in charge of the laboratory until 1900, when he was succeeded by Dr. John A. Amyot, who was succeeded in 1919 as Director of Laboratories by Mr. H. M. Lancaster. Dr. Bryce was succeeded as Chief Officer in 1904 by Dr. Chas. Hodgetts, who for some years previously had been Provincial Medical Inspector. The latter position was in the same year taken by Dr. R. W. Bell, who is still in active service. In the same year a branch laboratory was established in connection with Queen's University, Kingston. This laboratory was for many years in charge of Dr. W. T. Connell, who resigned in 1920, to be succeeded by Dr. James Miller. Dr. Wm. Oldright (1882-4) was succeeded as Chairman of the Board by the following:—Dr. C. W. Coverton (1884-7), Dr. Francis Rae (1887-90), Dr. J. J. Cassidy (1890-4), Dr. Mac-

donald (1894-1900), Dr. Vaux (1900-3), Dr. E. E. Kitchen (1903-6), Dr. Chas Sheard (1906-11), and Dr Adam H. Wright (1911-) the present chairman.

George G. Nasmith, Ph. D., was the first chemist on the staff of the Laboratory. He was appointed in 1902 and continued in this position until the year 1910, when he became chief of the laboratories of the Health Department of the City of Toronto.

The Health exhibit was originated by Dr. Hodgetts in 1908.

Motto of the Provincial Board of Health.

The motto of the Provincial Board of Health, "*Ne pereat populas Scientia absente*" (Let not the people perish for lack of Knowledge) is peculiarly fitted to be the aim of a Public Health Department. It was first proposed by Mr. Irving H. Cameron. The use of this motto has heretofore been overlooked, if not almost abandoned. It is intended to revive its use in this and future publications of the Board.

The Further Extension of Community Interest to Hospital Patients

By N. H. Beemer, M.D.
Medical Supt. Ontario Hospital for the Insane,
Mimico, Ont.

Recognition of former personal habits and activities of mental patients plays an important part in their management and treatment. Technical skill and dexterity in the performance of manual work is acquired by frequent repetition of certain specific acts, and after continued practice for a sufficient time the performance of these acts becomes measurably automatic and may be said to constitute a habit.

In an acute psychosis all the individual habits and activities are interrupted and the impulses being for the time beyond control, fail to follow their accustomed pathways. We all know that as soon as these vagrant impulses can be brought under control again the patient will be much more comfortable and will have progressed a long way on the road back to normal. We know, too, that if we can induce a man or woman to take interest enough in his or her former occupation to pursue it again even in an intermittent manner there will soon follow improvement in the mental condition, and this process is in reality the re-establishment of former habits of nervous energising. As soon as the impulses begin to travel in their old accustomed roadways there is almost at once a restored sense of well-being, or at least a diminished sense of ill being. Then follows closely an increased interest in these specific performances and then interest in correlated subjects.

The patients in our Hospitals are told that if they wish to get well they should engage in some form of work. They have it explained to them that work with the muscles involves destruction of tissue, and this in turn calls for a more rapid construction of tissue in order to repair the waste, and that when the processes of destruction and construction are active with the balance on the side of construction they will inevitably feel better. They are further advised that work means coherent effort and that coherent effort involves coherent thought and that coherent thought is opposed to and gradually eliminates the mental incoherency. The men have occupation offered to them in the various departments of the hospital service; on the farm or in the garden or on the lawns; with the engineer or carpenter or gardener, or mason, baker, tailor, or painter. The women

have sewing, knitting, laundry and kitchen work and house-keeping in all its many forms to engage their energy. In the sphere of amusements they have dancing, concerts and movies in the winter season, and in the summer they are provided with outdoor sports, as cricket, football, tennis, bowling, motor-boating and motor drives on the highway, and picnic parties under the trees. On Sunday mornings there is Divine Service, and in the afternoons sometimes band concerts, and music and singing parties in the cottages.

Since Confederation, when the hospitals came under the jurisdiction of the Ontario Government, it has been the fixed policy of the Government to make provision for the introduction of all the foregoing community interests to our patients, and it has been done in a whole-hearted and generous way.

There is still, however, another important step forward which I believe will be taken, but there is only time now to give the merest outline of it. I refer to the introduction of a plan for the reward of those who engage in any kind of work at the hospital. If all kinds of work for both men and women in the hospital were acknowledged to be worth a fixed value per hour, and the token representing that value could be exchanged for clothing and comforts and a few simple inexpensive luxuries, all of which are now supplied gratuitously by the Government, then all patients would at once have provided for them the greatest and most universal community interest, namely, reward for labor.

The details of a measure of this kind have been carefully thought out and present no insuperable difficulty.

Why should men and women who have the misfortune to become ill mentally be deprived of one of the greatest of human interests, the earning and saving and buying the things they desire and need as soon as they enter the doors of a hospital? I think you will agree with me that we should try to get more of the sunlight of life as reflected by this measure of further extension of community interests to shine into the darkened and clouded minds of those who are ill in our Ontario Hospitals.

Amenorrhoea and Menorrhagia with Special Reference to the Action of the Ductless Glands

By A. C. Hendrick, M.A., M.B., F.R.C.S., Toronto

It has been stated by one author that "Medicine owes no debt of gratitude to those who teach to her theories without proof."

In the subject to be discussed there have been many theories, some without proof, but certain principles are, however, well established. Hopkins has shown that the amount of a particular substance extracted from a cell is no index to its importance in the series of reactions going on in the individual cell.

The metabolism of the cell takes place in such a series of reactions that the products of one reaction form the starting point of the next following. The various component reactions of this chain will almost certainly not progress at the same rate.

These considerations must be borne in mind in discussing the effects of the secretions of the ductless glands upon the various metabolic processes of the body.

The ductless glands or endocrine glands will be discussed under the following groups:

1. Thyro-parathyroids.
2. Pituitary Gland.
3. Supra-renal Glands.
4. The Ovaries.

in relation to the subject of Amenorrhœa and Menorrhagia..

Amenorrhœa—or suppression of the function and phenomenon of menstruation may be primary or secondary.

Primary Amenorrhœa.

A. Malformations of uterus, ovaries, or vagina
These malformations may be either

a. Ante-natal or congenital.

b. Post-natal.

Ante-natal.

Nutritional disturbances such as toxic, microbic, chemical or failure of the internal secretion of the ductless glands of the mother, may influence the embryo, and when the human characteristics are all established, i.e. at the end of the second month—the fœtus.

e.g. Syphilis of the mother or father may cause absence of the chief parts of the generative system of the fœtus.

Another example is uterus 'bi cornis' due to defective nourishment of the embryo by the mother in the early months of conception.

The septum between the fused mesial walls of the Mullerian ducts in the region of the cervix disappears normally at three and a half months and if further obliteration of the septum is arrested, uterus bicornis arises.

Another example is the absence of the rounding of the fundus of the uterus, which is the last part of the uterus to be developed, and which is normally well marked at birth. What is true of the uterus is true of the whole generative system.

Post-Natal.

After birth the child is almost wholly independent of the mother unless breast-fed and here the functions of the ductless glands of the mother are relegated to the child, but certain stigmata from failure of the mother's ductless glands may be present in the child as above shown.

The one gland which seems most closely related to the generative system, excepting to ovary or testis, is the thyroid gland.

The glandular elements of the thyroid arise from the hypoblast of the primitive pharynx. The glandular elements of the lateral lobes, however, are stated by some anatomists to arise from the fourth cleft. The early origin of the thyroid gland in the embryo at the third week, and its universal distribution in vertebrates point to the antiquity and the importance of its functions.

Gaskell brings strong evidence to show that the thyroid of vertebrates generally is derived ancestrally from the uterus of the original paleostrican. That there is a connection between the generative organs and the thyroid is a matter of popular knowledge; e.g. enlargement of the thyroid during menstruation or pregnancy.

In discussing this subject one must realize, however, that the ductless glands are a complicated and inter-dependent system, in fact, links in a metabolic chain, and defect in any one link affects the integrity of the whole system more or less.

Thyroid Gland.

Hypo-thyroidism or deficiency of the normal secretion.

1. The development of the generative organs is much delayed. This delay may take place either before birth, that is pre-natal, or after birth, dependent on the fault being with

the mother or the child or both. Indeed, many conditions found in the patient may be primarily pre-natal.

2. Metabolic processes are diminished.

3. Amenorrhœa—results.

Diagnosis.

1. Family history.

2. Certain stigmata, adiposity, e.g. heavy eye-lids, which may be mistaken for the œdema of kidney trouble. The epithelial structures are badly nourished.

3. Failure to fix the calcium, e.g. bad teeth.

Treatments of the Amenorrhœa of Hyper-thyroidism.

1. Improve the general metabolism.

2. Give thyroid extract beginning with small doses, gr. 1/8.

3. Food—Avoidance of carbohydrates, which depress the thyroid activity.

However, at first even in cases of hypo-thyroidism the compensatory activity of the ovarian tissue may overstep the demands of normal, and cause menorrhagia.

4. Pituitary Extract. The anterior lobe which seems to stimulate uterine and ovarian activity, should be exhibited.

Hyper-Thyroidism—Graves disease.

This condition often arises at puberty or during pregnancy. There is an increase in the normal secretion very probably, and not a perverted secretion.

Hyper-thyroidism is usually stated by gynæcologists to be associated with amenorrhœa, but in the early stages there may be menorrhagia for the following reasons:

1. Hyper-secretion of the thyroid causes at first a marked increase in the metabolism generally.

2. This will be reflected in acceleration of the normal activity of the ovarian tissue secretions—with resulting menorrhagia, but with the increasing debility of the patient and the increasing substitution of the thyroid secretion for the ovarian in the general metabolism—it leads to amenorrhœa.

Treatment of the Amenorrhœa of Hyper-thyroidism.

1. Ligature of one supreme thyroid artery.

2. Removal of the portion of the gland.

3. Ray treatment.

4. Carbohydrates—these depress thyroid activity, though such patients have diminished assimilating power for carbohydrates.

Pituitary Gland.

This gland is the size of a hazel-nut, weighs half a gram, and is situated in the sellaturcica. It is described as consisting of an anterior lobe and a posterior lobe. The anterior lobe is separated from the posterior lobe or pars intermedia plus pars nervosa by a cleft, the original tubular structure of Rathke's pouch—an epiblastic hollow bud of the stomodeum. (The neuroblastic bud is derived from the floor of third ventricle). The pituitary gland is one of the most vascular structures in the body, composed of three types of cells and a fourth arising during pregnancy, it is stated.

Hypo-Pituitarism.

1. The anterior lobe—affects the stature, excess leading to giantism and deficiency to dwarfism.

2. Posterior lobe—deficiency of the internal secretion of this lobe before adolescense, causes delay or abeyance of the development of the sexual function, producing a more or less permanent condition of sexual infantilism. Menstruation is irregular or absent, there is amenorrhœa.

The secretion of the anterior lobe, first seems to stimulate ovarian activity, then if in excess—to antagonize or neutralize it, e.g. in acromegaly—when excess of secretion of the anterior lobe is present, amenorrhœa results.

The secretion of the anterior lobe seems normally to facilitate ovulation and the growth of the genital organs. Hence its secretion may be of value in certain cases of under-developed uteri or ovaries. But this treatment must be given before the age of twenty years to be of any avail.

The calcium function of the pituitary is important and seems the reverse of the thyroid, for whilst thyroid secretion fixes the calcium salts in the body, the pituitary secretion discharges them.

Hence with deficiency of pituitary secretion, one would expect retention of calcium salts. This is shown in the state of the teeth, which are usually excellent in hypo-pituitarism.

Amenorrhœa of Hyper-Pituitarism.

Here the cause is probably due to the development of masculinity from suppression of the ovarian secretion; hence the treatment by administration of ovarian extract or thyroid extract and in extreme cases by removal of the pituitary.

The amenorrhœa follow acromegaly is probably due to exhaustion of the ovarian activity or to its too long inactivity.

When menorrhagia occurs, it is always at puberty and is probably due to beginning acromegaly or hyper-pituitarism which first accelerates and then replaces ovarian activity.

Supra-Renal Glands.

These probably have no direct effect upon the generative system and only indirectly through the vascular system in the regulation of the blood supply. The secretion of the supra-renal differs from the secretion of the other ductless glands, in being used only for special purposes, and is not in constant activity. This concerns the medulla of the gland. The cortex when hyper-trophied in childhood may lead to pre-mature adolescence, it is stated.

Ovaries:

Their presence is essential to normal sexual development.

1. Failure of development leads to amenorrhœa.

2. Interference in their normal function by excess of other internal secretion. e.g. thyroid, pituitary, may lead first to over-stimulation and menorrhagia and later to amenorrhœa.

Amenorrhœa at Puberty.

This is probably due to some inter-current infection, such as the exanthemata, tuberculosis, etc.

Recent investigation, however, has shown the close inter-relation of all the ductless glands. The secretion of one gland may supplement or restrain the metabolic effects of the secretion of one of the others, e.g. overgrown, tall, fat, girls often suffer from amenorrhœa, which is probably a symptom of hyper-pituitarism.

The investigation concerning the metabolism may be the only method of solution, as to which gland is specially concerned.

Thyroid and pituitary anterior lobes seem to activate ovarian function and may give rise in such cases to menorrhagia through stimulation of growth of the uterus by the increase of ovarian activity, though they will not substitute for the secretion.

Menorrhagia from increased secretary power or hyperplasia of the ovary, the interstitial cells, has been stated to occur. The treatment of this menorrhagia is best carried out by the administration of calcium lactate or of normal horse serum but never by employment of the X-ray.

[1] 20 Bloor Street East.

[2] Read before Academy of Medicine, Toronto; School of Obstetrics and Gynaecology—October, 1921.

Chairman's Address, Section of Surgery Academy of Medicine

By Dr. M. H. V. Cameron

It is with the utmost sincerity that I acknowledge the honor of my election to the chairmanship in the section of Surgery of the Toronto Academy of Medicine. I have long felt that the chairmanship of a section should be in no less a degree than the presidency of the Academy a recognition of service rendered to the profession in general, and the fellowship of the academy in particular, with no reference to groups or institutions or seniority or any other desideratum. The office should be a prize awarded by the fellows to the one of their number who has best served the others and contributed most to the slowly increasing mass of knowledge it is our function as an academy to accumulate. While I most heartily appreciate the honor you have given me, I most profoundly regret the lack of service or of attainment that would mark me as having deserved the award.

It may be difficult to estimate the true value of the service contributed by any fellow of the Academy. One "scorns delights and spends laborious days" delving into the literature to produce one of those useful papers which epitomize the present state of knowledge in this or that subject. Another, gifted with genius and favored by opportunity, devises and carries out a new operative procedure that increases our usefulness and brings cure to yet another group of sufferers. A third class, small in number, have the temperament that makes the laboratory worker and these give us the results of experimental study that establish our principles or expose the fallacies of misconceived ideas. A fourth, endowed with the critical faculty, are able, from broad reading, wide experience and much rumination to temper enthusiasms, to question dogmatic assertions, to encourage the worker who is nearer success than he had hoped, and to state with authority as to the verity and value of conclusions reached.

One cannot help being struck, while reading the proceedings of learned societies or when attending the various congresses and meetings of medical associations, by the fact that however interesting any paper may be, its value is enhanced, if not determined, by the points raised in its discussion. The writer whose paper is allowed to pass without commendation,

opposition or, better still, critical analysis made with authority, feels that he has failed to satisfy his audience or that he has given them meat too strong for their digestion.

What group among us is best able to furnish helpful criticism in our discussions? I cannot answer this question categorically but there is one group from whose opinions and experience we should profit more than we have done in the past. Sir James MacKenzie has written on the Future of Medicine. In this book, as in most of his writings, he has emphasized the absolute necessity for a compilation of observations made by men in general practice of medicine, upon the results of treatments of various kinds as well as upon the earliest signs of disease.

I was struck by the necessity for the massing of such observations by general practitioners, after listening to the leading address on Surgery at the last meeting of the Ontario Medical Association. The speaker stated that so many of his patients had been cured of migraine after removal of their gall-bladders, that a young colleague of his who was a victim of migraine, had asked him to remove his gall-bladder as a means of relief from that most distressing affliction. The young colleague was too close to the centre and too genuinely devoted to his chief to ask whether the moderation in work, exercise, diet and manner of life necessitated by the severity of the operation through which the patients had passed, had anything to do with the cessation of the attacks of migraine. The family doctors of those patients will be able, in a few years, to advise the sufferer from migraine as to the reasonableness of removing a hitherto innocent gall-bladder. At the same meeting there was another round of the eternal debate as to the merits of medical or of surgical treatment of Gastric Ulcer. The subjects of both treatments leave the hospital in apparent restoration to health. When the ulcer again becomes active or the marginal ulcer is found at the site of anastomosis after excision, the disappointed patient may not return for another course of alkalies or for another operation. His case will still be quoted in statistical studies and the debate will be resumed at the next convention until the general practitioner has massed his observations to weigh with or against the hospital reports.

Instances such as these might be multiplied. The profession is much in need of authoritative information upon almost any question of therapy—medical or surgical. Such authoritative statements must come not only from statistical studies of hospital results—and these are becoming every day more

valuable—but they must also come from the great unclassified—because unreported—observations of the family doctors throughout the country.

The object of discussion is to add to the sum of known truth. Olive Schreiner in her allegory said, "Only in a net made from the feathers of truth shall truth be snared." There are stray feathers in many a note-book or in the memories of men of wide experience all over the country and it must be the function of such organizations as our Academy to collect them.

It is, therefore, urged that the fellows in this section as well as the fellows from other sections who attend our meetings shall give their service in the way indicated. The papers are available for review a week before they are presented and the writers as well as the fellowship as a whole will be grateful for the benefit derived from critical examination of every matter brought before us during the year.

Editorials

The Medico-Legal Deliverance of Hon. Justice Riddell

Supreme Court Judge, Ontario.

We are much pleased to publish in this issue the judgment of Mr. Justice Riddell, in the case of Ernest Howard, one of the ablest ever delivered in this, or any other, country. None but a man with a deep and broad knowledge of medicine could speak such words of wisdom in a medico-legal sense. Together with the judgment will be found an explanatory letter by the judge himself, which throws much light on the subject.

The boy, Howard, was what the world calls "a good sort", who was free from vice, and, in a general way, always *played the game*. In the War he did his bit, was one of the bravest of the brave, and was flying before he was eighteen years old.

When he returned to Toronto, he became an employee of one of the largest bond companies of the city, and, while that company entirely disapproved of the recklessness which the judge so justly condemned, there is a rumor that his position in the company will be held for him until he returns from Burwash Farm. From a medical standpoint we believe he has quite recovered from the neurosis which impelled him to his recklessness with its terrible consequences. His conduct since the tragedy of Avenue Road, Toronto, has been admirable. He has done his best to make amends, and among the most willing to acknowledge that fact is the widow of the man whose death he caused. (It was announced in the daily papers, December 7th, that Howard was discharged from Burwash Farm, on parole, in consequence of a very largely signed petition to the Government, presented by his counsel, Mr. Peter White.)

Vanished Salaries

We published in our last issue the explanatory letter of the President of Toronto University, regarding the rigid economy that the generous gifts of Sir John Eaton and the

Rockefeller Foundation have made necessary. We are told the President is a quasi humorist, as evidenced by the explanations offered. That may be true, but we are informed that the teachers who have been so unceremoniously "pinched" quite fail to appreciate the humorous side-lights in the transaction. In fact they are inclined to consider it in the light of a contract broken without cause or reason. It was a most unfortunate occurrence, and the President's letter is a remarkable production, which, though considered by many a sort of a joke, is not in the slightest degree *funny*.

Ontario Vital Statistics

The communicable diseases and the deaths caused by them for October, 1921, were published a few days ago, and these figures were compared with those for October, 1920. The following is the table:

	1921		1920	
	Cases	Deaths	Cases	Deaths
Smallpox	14	0	210	1
Scarlet Fever	354	15 4%	387	3
Diphtheria	685	56 8%	711	45 6%
Measles	16	3	290	3
Whooping Cough	129	7	218	21
Typhoid Fever	100	30	148	34 23.6%
Tuberculosis	178	98	150	120
Infantile Paralysis	21	4	3	1
Cerebro-spinal Meningitis	4	4	6	4
Influenza	10	5	13	8
Pneumonia	0	129	0	142
	1,511	341	2,238	393

A correspondent who is an excellent physician of large experience, sent us the following comments:

"Such crude figures should not be given out to the public, for they are neither correct news, nor scientific. Until such time as the true number of cases can be obtained, they should not be published in connection with the number of deaths, as it gives rise to false views on the subjects of morbidity and mortality."

He is quite right in thinking that these statistics are incomplete, but our efficient Chief Officer of Health for Ontario, with the assistance of the Provincial Board, is ever striving for more thorough methods on the part of the general practitioner. Officers of Health in all parts of the Province

are working on similar lines to impress on all physicians the importance of making correct returns as promptly as possible. Because of these combined efforts of a large body of earnest and conscientious men, the condition is better than it was in times past.

Patients in Hospital for Insane

Those who had the pleasure of attending the meeting at the Mimico Hospital, September 16th, were more than pleased with Dr. Beemer's admirable address. We all know Dr Beemer is an able administrator, but he happens to be something else in a very high degree. He has always considered carefully the welfare of the patients in the Ontario Hospitals.

We are glad to publish a goodly portion of his address in this issue. While giving various Governments since Confederation due credit for making provision for the introduction of different community interests for the patients, he proposes a new plan for the reward of those who are able and willing to work, by paying a fixed sum per hour with the understanding that money thus earned will be expended in clothing, comforts, and simple, inexpensive luxuries for the inmates. His suggestions were highly approved by all present, including two members of the Government, Hon. Mr. Raney and Hon. Mr. Nixon.

College and School Sports

From a health standpoint we are all interested in the ordinary college and school sports. We believe there is no place in the world where such sports are conducted in a cleaner and more intelligent way than in the public schools, high schools, colleges and universities of Canada.

A few people (very few, we hope) have an idea that time spent in sports is, to a certain extent, wasted and that, as a rule, a good athlete does not make a good scholar. Mr. Griffith, the Head-master of Ridley College, in an address delivered in St Catharines, expressed different views, and said that, as far as his observations went, a boy keen in sports, as a rule, was a good scholar, and more apt to become a manly

man. We have reason to think that the able and high-minded Principals of St. Andrew's, Upper Canada College and Trinity College hold similar opinions.

Mr. Griffith also expressed the opinion that the Montreal Amateur Athletic Association has done more for amateur sport than any other institution in Canada, and is one of the greatest forces in the interest of clean sport. Canada is striving to follow the lines pursued in Great Britain, and for that reason is endeavoring to encourage the right spirit in sports among its boys, with the hope that, in their after lives, they will always "play the game."

Public Health in Old Canada

We publish in this issue an article from the early history of public health in Upper and Lower Canada, by Dr. McCullough, C.O.H., Ontario, slightly abbreviated to suit our limits of space. In connection therewith we are glad to note that due credit is given to Dr. Bryce for his good work in the early days of health legislation in Ontario, the excellence of which was not properly appreciated at that time. It is interesting to note certain changes and advances especially from a money stand-point.

To use Dr. Bryce's own words, recently uttered: "The comparison of the grant of $4,000 in 1882 for the payment of the half-time Secretary of the Ontario Board for travelling and other expenses with the half million or more voted in 1920, will serve to illustrate the evolution of Public Health.

News Items

The Record Altitude for Aviators

We are told that as the aviator ascends, he comes into both *thin* and *cold* air. At a height of six miles, the oxygen in the air has been reduced from 21 per cent., as found at sea level, to 6 per cent.; at eight miles, probably less than 5 per cent. It has been known for a long time that high altitudes interfere with physiological functions. In the past, we have had Mountain Sickness, and now, the aviator has, what is called, Altitude Sickness. Many devices have been perfected for the purposes of supplying the oxygen needed, and also for conserving the body temperature.

We are told by the J.A.M.A., that Lieut. Macready recently attained the world altitude record on Sept. 28, by ascending in an aeroplane 40,000 ft. (about eight miles) at Dayton, Ohio.

Viscount Grey

No statesman of Great Britain was ever more popular than Viscount Grey is to-day. This gentle and far-sighted statesman (*Overseas Mail*) was Secretary of State when the Great War burst upon the world in 1914. Because of eye-trouble, he lived in almost complete retirement for several years.

We are glad to know that he has come back into public life. He does not confine himself to matters of state, however, as one of his speeches, delivered early in October, well illustrates. He gave an account of his personal observations of wild fowl which he had reared on his estate at Falloden. At his bird sanctuary there, the shiest of shy wild birds enjoying perfect freedom became so tame that they would eat out of his hand. Thus as the *Mail* tells us, the statesman who made for Britain perhaps the most tremendous decision that she has ever been compelled to make, lives in gentle retirement and finds his chief joy in the companionship of shy, wild birds.

The Power of the Atom

At the recent British Association meeting held at Edinburg, Prof. Richardson said that although no one had ever seen an atom, chemists and physicists confidently assert that an atom is a positively charged nucleus of minute size, surrounded at a fairly respectful distance by the number of electrons requisite to maintain the structure electrically.

Sir Ernest Rutherford has "bombarded" the nuclei of different atoms with the helion nuclei given off by radio-active substances and he has found that the ejected fragments had a greater kinetic energy than the helium. That is to say, the bombardment released the energy stored up in the nuclei. This energy is some millions of times greater than that generated by any chemical reaction such as the combustion of coal. The problem is to bring this sub-atomic energy under control. With an infinitesimal amount of radium we should have unlimited stores of cheap power such as the world as never had before.

—The Spectator, Eng.

The Cure of Cancer

We are told by the Associated Press, of Oct. 3rd, that an anonymous donor has offered a prize of $100,000, for the discovery of a medicinal remedy to relieve cancer. This offer has been made through the Cancer Research Society, of Brooklyn. The requirements of the reward call for method of treatment, formulæ and full information with therapeutic proof in, at least, fifty cases.

Sleeping Sickness

Dr. Eric K. Clarke, 252 Roxborough St. East, Toronto, contracted sleeping sickness while doing medical work among immigrants at ports-of-entry, where he was for a time making what is called the intelligence test. He was seriously ill in Ottawa. After the more serious symptoms disappeared, his father, Dr. C. K. Clarke, brought him from Ottawa to Toronto.

Danger in Filling Silos

We are told by the J.A.M.A., that many deaths have occurred recently from asphyxiations in silos. A silo is essentially a tubular tank of considerable height designed to contain green fodder, generally corn. There are doors along the sides for ventilation and for the removal of the ensilage for feeding purposes. As the silo is filled, these doors are closed, the immature corn is cut into small pieces by a cutting machine and the chopped material is blown into the silo by a "blower" attached to the cutter. The ensilage undergoes changes by which the oxygen content of the surrounding air is decreased, while the carbon-dioxide is increased. If the doors immediately above the level of the silage are not kept open while filling the silo to allow ventilation, the carbon-dioxide is likely to collect in sufficient amounts during the night to endanger the lives of the workmen who enter the silo in the morning.

Tribute to Dr. Hastings

At a banquet of the members of the Canadian Brotherhood Federation, in the King Edward Hotel, October 24th, the guests of honor were Dr. Chas. Hastings, Col. Geo. Denison, and Dr. James Hughes.

Premier Arthur Meighen pointed out, in connection with Dr. Hastings' work, that it would be difficult to speak in language of undeserved superlatives regarding the service which he had rendered to the community. It was something that would descend to future generations.

Mayor Church referred to Dr. Hastings' admirable results while acting as M.O.H., for Toronto. His Worship asked doubters to compare the deaths from epidemics in 1911 with those of the present year.

He said, in addition, that he had recently visited the Johns Hopkins Hospital in Baltimore, and had been told by competent medical men that the most modern health department on the continent is that conducted by Dr. Chas. Hastings, of Toronto.

Community Welfare in Oshawa

At the regular meeting of the Oshawa Community Welfare Association, held October 22nd, Dr. T. E. Kaiser, was elected president.

The association in the past has done much in the way of securing work for the unemployed, and affording relief for those in need. It is expected that the association will extend its activities in seeking to help disabled returned soldiers who are receiving insufficient pensions and also widows who, under the Mothers' Pension Act, are now receiving allowances not sufficient to maintain those depending on them.

McGill University

The friends of this great institution recently celebrated its centennial. Hon. James McGill, a prominent Scottish citizen, of Montreal, upon his death, in 1813, left generous provisions for a college to be called after himself. The trustees, in carrying out the purposes of the bequest obtained a royal charter in 1821. The establishment of a medical school was the first feature of their work, and it was opened in 1829. Departments in Arts and Law were soon established.

For many years these three departments did admirable work which was highly appreciated in all parts of North America.

The Faculty of Applied Science was organised in 1878.

Queens University

The friends of Queens University were very much interested in the ceremonies connected with the new Richardson Memorial Stadium, which was formally handed over to the authorities of the University by Mr. James Richardson, October 9th. The stadium was erected by Mr. James Richardson, as a memorial to his brother, Capt. G. T. Richardson, who was killed in France while a member of the 2nd Battalion. He had been one of the foremost athletes in Queens University.

High Blood Pressure

Hypertension is directly responsible for many ailments occurring during and past middle life. The troublesome spells of vertigo, and the possibility of an attack of angina pectoris or apoplexy renders it of vital importance to keep the blood pressure within normal limits.

The treatment productive of clinical results and subjective comfort must not only include a consideration of hygienic and medicinal measures but also a careful supervision of the food and drink of the patient.

Just as it would be the height of folly for a subject of hypertension to run after a moving trolley car, so it is very unwise to continue taking beverages containing such a stimulant as caffein. Indeed, a cup or two of tea or coffee may be sufficient to precipitate a crisis in such cases.

Doctor if your patient is a user of tea or coffee, explain the dangers to him and suggest a change to

Instant Postum

This harmless, wholesome beverage resembles high-grade coffee in appearance and taste, but is totally devoid of caffein or other drugs.

Instant Postum is made of whole wheat skilfully roasted with a small quantity of molasses, ground and blended to obtain the snappy coffee flavor; then reduced to a soluble powder. It is prepared by placing a level teaspoonful in the cup and adding hot water. Serve with cream and sugar to suit individual taste.

Samples of Instant Postum for individual and clinical test will be sent on request to any physician who has not received them.

Canadian Postum Cereal Co., Limited
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Memorial to Canadians at Orpington Hospital

The people of this province have good reason to remember the great military hospital which the Province of Ontario maintained at Orpington, in Kent County, England.

On November 6th, there was an interesting function at this hospital, when a memorial cross erected in memory of Canadian, Australian, and British soldiers who died there, was unveiled and dedicated. This hospital was provided for the treatment of the soldiers of all parts of the British Empire, and was one of the largest temporary hospitals in England.

When King George and Queen Mary paid their last visit there in May, 1919, six months after the conclusion of the War, the number of patients was over 1000. The commandant was Dr. (Col.) D. W. Macpherson, of Toronto, and among the other senior officers were: Dr. (Col.) Bowie, Chief of the Surgical Department, Dr. (Col.) Strathy, Chief of the Medical Department, Matrons Stronach and Harvey.

The memorial commemorates ninety Canadians, five Australians, and twenty-three members of the general Imperial forces whose remains now lie in Orpington churchyard.

Laughter and Health

We are told by the *Medical Press* (Eng.) that Mr. Robert Blachford hopes that that wonderful man, Charlie Chaplin, will not abandon low comedy for high tragedy, for while, as he says, characterizations abound, to but a few is it given to make the millions laugh.

He tells us that laughter cleans the heart and warms the blood. It softens our pride, subdues our anger, disintegrates our egotism and conceit, and teaches us to be tolerant of our fellow creatures, to bear with their foibles and condone their faults. He who makes the people laugh is a public benefactor, for he helps to keep the people generous and sane.

"The difficulty with our sea green incorruptible Tappertits is that they never laugh. Laughter is the proper corrective for the surly dulness which takes itself too seriously."

Heat vs. Cold

IN PNEUMONIA

The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

The application of heat is again in favor and physicians in every part of the country are now convinced that the logical, safe and sane method of treating pneumonia includes the application of prolonged moist heat over the entire thoracic wall.

Antiphlogistine
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not only offers the best known method of continuously applying moist heat of equable temperature for a long period, with the advantages attendant upon its physical properties, hygroscopy, exosmosis and endosmosis, but it offers the pneumonic patient exactly what he absolutely requires - - EASE and REST.

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The Shooting of Sir Andrew MacPhail

The profession and public received a real shock when came the announcement that Sir Andrew MacPhail, probably the best-known and most highly respected physician in Montreal, and one of the professors of McGill Medical College, had been shot at his home in Montreal. A madman, unfortunately allowed to run loose, went into Sir Andrew's house, and after speaking a few words, shot him through the shoulder, close to the axilla. The maniac then shot himself and died instantly. At the time of writing it is supposed that Sir Andrew, who is being treated at the Royal Victoria Hospital, is not seriously injured.

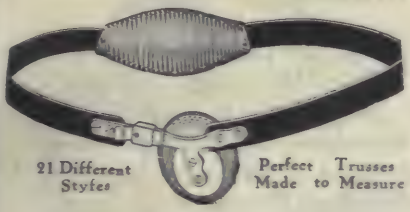
Radium Hospital in England

A new hospital of the Manchester Radium Institute was opened, October 7th, by Lord Derby. It is the first hospital in England to be used exclusively for radium treatment.

Venereal Clinic in Kingston

Some trouble has arisen in Kingston between the Board of Health of that city and the Ontario Government. The Trustees of the General Hospital in Kingston where the clinic was conducted, sent the Government a bill of $1700 for expenses incurred. Why the Government refused payment we know not, but the Kingston Board of Health established the clinic, the only one of its kind in Eastern Ontario. At the end of October, we understand, the matter was still unsettled.

ART OF PROSTHESIS



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Sir Thomas Browne

The article on Sir Thomas Browne, the famous author of "Religio Medici" in the N.Y.M.J., July 6th, is very interesting. Dr. Browne was born in 1605 near London and, as a boy, attended Winchester College and Broadgate Hall (now Pembroke College). He received his medical education mostly at Oxford University. As the Oxford Medical College was a very poor one in those days he went to the Continent, after receiving the degree of M.D., where he spent three years at three different institutions; first, Montpellier, where anatomy was especially well-taught, second, University of Padua, which was, in those days "preeminent in all branches of surgical and anatomical science," third, the University of Leyden, where much attention was paid to chemistry.

After attending these best medical centres in France, Italy and Flanders, he returned to England in 1633, then aged 28. While on the Continent, he commenced to write "Religio Medici," which he completed before he reached the age of 30, although it was not published until some years later. He first practised at Shipden Hall.

In 1637 he removed to Norwich, where he continued to practice until the time of his last illness, dying at the age of 77.

At Norwich, the writer tells us, he was "much resorted to for his skill in physic" but his home, a "paradise of rarities" became the mecca of English antiquaries. He took a keen interest in anything and everything of antiquarian nature—urns, coins, bones, eggs, fossils, and was considered an authority on such things.

During the Civil Wars, Browne sided with the Royalists, for which he was knighted in 1671, eleven years before his death.

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LEVER BROTHERS LIMITED
TORONTO

Correspondence

The University of Toronto Medical Faculty

To the Editor of THE CANADIAN PRACTITIONER:

It is intensely interesting to note the trend of events in the policy of the Medical Faculty of the University of Toronto. The hope with all graduates and the best informed people of the Province of Ontario, was that in the University of Toronto there was a truly democratic institution ever ready to serve the people of Ontario, who have furnished the funds. So far as the Medical Faculty is concerned, we fear this view must be abandoned. Of recent date it has been rapidly taking on the form of a self-constituted aristocracy, nay, even worse, a limited oligarchy.

In the first place a certain group in the Medical Faculty have jumped into the saddle, and are directing the policy of teaching, the making of appointments, the payments accorded teachers, especially the favored set, and little, if any, to be given those outside the inner circle. This saddle-group has appropriated the big pay positions, or given them out among their friends—a University Compact more closely bound together than ever was The Family Compact of political notoriety in the history of this province.

Apart from the limited number who have taken unto themselves the "good" positions carrying with them the pay sheets, the vast majority of the instructors, clinicians and demonstrators, haul water and hew wood, all for the supposed glory of doing something of a public educational nature. They may be nursing the idea that if they continue long enough in the work-for-nothing class the saddle-group will allot them a position with humble status and small pay, as a part-time teacher. If such be the idea of some, we fear they are harboring a delusion. It may be that many of these work-for-no-pay teachers hope to secure some practice or influence through the connection. They will do neither. Long past years of experience have amply proven that this expectation is ill founded. The underlings that work for nothing are not even earning the thanks of their superiors, and after many years of such "free" teaching when they drop out they shall be permitted to pass into the outer night of oblivion and forgetfulness. So far as the public is concerned the view held by all is that the man who labors for a corporation without pay is not naturally wise.

Yours truly,

ONLOOKER.

THE STORM BINDER AND ABDOMINAL SUPPORTER

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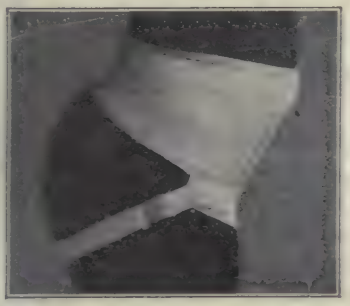

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For SPECIAL SUPPORT in hernia, relaxation of the sacro-iliac articulations, floating kidney, descent of the stomach, colon and intestines.

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For MATERNITY cases it is indicated for the nausea of pregnancy, for the discomforts of pregnancy, to restore the figure after confinement and for the dragging and pressure symptoms in pelvic disorders.

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The Editor,
Canadian Practitioner and Review.

Dear Sir:

There is a type of mind which finds comfort in the reflection that, however plausible may seem the conquests of the present age, at some time long past they were known before and that, in fact, there is nothing new under the sun. A search into ancient records reveals much to support this attitude, or, at least, will indicate that advance in knowledge is not in direct proportion to the progress of time.

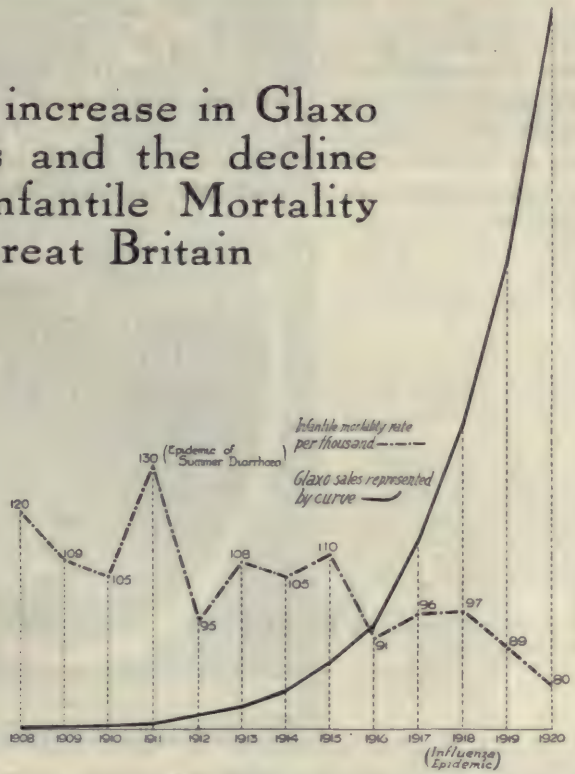
In a recent address given by Lieut.-Col. McCarrison, in Toronto, a fascinating vista of possibilities in the way of future dietetic therapy was unfolded. It may be that at no very distant date the Protean manifestations of gastrointestinal disorders may be rectified by the judicious administration of foods containing the requisite vitamine. These deductions were made from observations on a primitive people, who, among other advantages of civilization, were totally lacking in certain highly-cultivated diseases, such as appendicitis and cholecystitis. This immunity they enjoyed from their barbarous methods of feeding.

It may be of interest to note here that exactly those articles of food which Colonel McCarrison recommends as approximating to the ideal diet which future investigation aims at discovering, were advocated many centuries ago by Celsus in the chapter of foods (alentia) in the Second Book of his Medicine.

There we find milk, eggs, vegetables, (especially onions), grapes, nuts, honey, cheese, rape oil, wine and vinegar specified as containing the best forms of nourishment. Furthermore, with regard to cereals, Celsus insists on the superior advantage of bread made from whole wheat (*panis deinde cui nihil ademtum est*) over refined and especially over pure white bread.

Anyone who has thought it worth while to peruse the works of classical writers on Therapeutics must be impressed with the fact that so much and so minute attention is given to treatment of disease by means of dieting. Certain vegetables, oils, nuts, seeds, and so on, are meticulously prescribed for different ailments. Surely such a system could not have

The increase in Glaxo sales and the decline of Infantile Mortality in Great Britain



The decline of the Infantile Mortality Rate in Great Britain is of course the result of many factors working to that end, and it would be unreasonable to attribute the decline solely to the remarkable increase in the use of Glaxo during recent years.

The sympathy between the two curves shown here is, however, striking; especially when it is remembered that Glaxo is used, almost to the total exclusion of liquid milk and "infant foods," by practically all (more than 1700) of the Infant Welfare Centres in Great Britain.

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survived the many ages it actually did without some basis in truth. The aphorism that "*quod semper, quod ubique et quod ab omnibus accipitur*" contains an element of fact, must apply here, and it may be that we might rediscover some useful hints in practice by testing some of the simple, and, as we thought, puerile methods of treatment employed in the dawn of medicine.

Very truly yours,
PAUL M. O'SULLIVAN.

Toronto, Nov. 24th.

Personal

Dr. (Col.) H. R. Casgrain, of Windsor, was urged by a large number, including all classes in politics, to contest the riding of North Essex in the Dominion election, but, after considering the matter carefully, he definitely declined to become a candidate, November 3rd.

At the late meeting of the American College of Surgeons at Philadelphia in October, Dr. Harvey Cushing, of Boston, was elected president for the ensuing year. The meeting for 1922 will be held in Boston.

At the same meeting Dr. A. Primrose, of Toronto, was elected a member of the Board of Regents.

Dr. Herbert Bruce, of Toronto, visited his old home, near Port Perry, on Armistice Day, November 11th. On the evening of that day he delivered an address to a large audience in the town hall, taking as his subject, "The Lessons of the War and the Problems of Reconstruction".

ERGOAPIOL (Smith) is a singularly potent utero-ovarian anodyne, sedative and tonic. It exerts a direct influence on the generative system and proves unusually efficacious in the various anomalies of menstruation arising from constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotions or exposure to inclement weather.

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Book Reviews

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, etc., by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. III., 31st series, 1921. Philadelphia and London, J. B. Lippincott Company.

This volume contains an excellent symposium on actinomycosis, a disease far from uncommon, but often overlooked. The subject is dealt with fully under all its varied aspects, by writers of experience, making the symposium one of the best in the language. The clinics are continued as well as the excellent section on industrial medicine.

KEEN'S SURGERY Volumes VII. and VIII. By Surgical Experts. Edited by W. W. Keen, M.D. LL.D., Hon. F.R.C.S., Eng. and Edin. Emeritus Professor of the Principles of Surgery and Clinical Surgery, Jefferson Medical College, Philadelphia. Octavo of 855 pages, with 359 illustrations, 17 of them in colors. W. B. Saunders Company, 1921, Philadelphia and London. Sole Canadian Agents. The J. F. Hartz Co. Ltd., Toronto.

Volumes VII and VIII of Keen's Surgery are to hand. The preface announces that the advance in surgery during the War made the necessity for two new volumes in order to bring the subject matter up to date. With Volume VIII it will be a complete review of surgery up to 1921, and will comprise 867 pages with 4,062 illustrations. The staff of contributors, 129, are selected from the most eminent men in their special departments the World over.

It is almost impossible to review in detail this great work. If we could choose one department for special mention it would be the Surgery of Joints and Orthopædic Surgery by Sir Robert Jones and Mr. Hey Groves. This particular chapter alone so thoroughly brings to date the treatment of fractures, particulary those of the femur and humerus, which are so common to civil life. While cases in civil practice differ by the absence of large wounds, the general treatment of the fractures is

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so systemized and standardized that it is a great pleasure to see the treatment condensed and the detail so simple and accurate that in future there is little excuse for deformities from these accidents.

There is no doubt that surgery of the War differs from civil surgery in many respects, and the chapter on Inflammation by Dr. Adami concisely follows through the series of experiments that lead to the control of these very large infected wounds and bring the question of inflammation treated in the early volumes up to the present.

Traumatic Shock by Dr. W. B. Cannon:—This chapter deals with cases and conditions that occur in our daily practice. They are based on the War experience dealt with in co-operative investigations in France, England and the Research Laboratories at the Front during the years 1917-18. Shock has always been a subject of much investigation and research and the conclusions have been varied. Here we have the matter compiled from experience by trained investigators and the conclusions concurred in by real experts.

Transfusion of Blood and its substitutes by Dr. Robert Lee—The technique is graphically depicted. The methods adopted are reduced to the simplest forms and it is in this simplicity that the value is so materially enhanced, and the conclusions at the end of the chapter reviews methods and substances concisely and clearly.

One could go on enumerating the many new chapters in these volumes as well as those, elaborating the original system, all of which are of the highest excellence. It was clear to most of us that the eminent editor of Keen's System would undoubtedly have to bring the system up to date and the announcement of the last two volumes made us eager to receive them. They are no disappointment, even excel our highest anticipation.

Those who have the first and original six volumes should undoubtedly have the VII and VIII and it would also be to the advantage of Surgeons and Physicians in general, not possessing Keen's Surgery, to get the early as well as the late volumes.

The typography, illustrations and binding are all that one would expect from Saunders and Co.

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